

SJNM Limited

# Rosywood Care Services

## Inspection report

Studio 3  
Leicester, LE1 1TA  
Tel: 0116 2627467  
Website: N/A

Date of inspection visit: 28 January and 17 February 2015  
Date of publication: 28/05/2015

### 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 28 January and 17 February 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

At our previous inspection of this service, on 15 September 2014, we found five breaches of legal requirements and we issued a warning notice in relation to how people's care needs were being met. At this inspection we found that action had been taken, improvements made, and the warning notice had been met.

Rosywood Care Services is based in Leicester and provides a domiciliary care service to people living in Leicestershire and Milton Keynes. When we inspected there were 32 people using the service who were mainly older people with physical and mental health needs.

The service has a registered manager. This 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.

# Summary of findings

At this inspection we found that only a minority of staff had been trained in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Some of the staff we spoke with did not understand their responsibilities in this area. The mental capacity assessments we saw were not fit for purpose and did not follow the MCA Code of Practice. This meant that we could not be sure that people's consent to their care had been lawfully obtained.

We also found that at the time of this inspection the provider owed fees to CQC. However these were paid following this inspection.

People told us they felt safe using the service and staff knew what to do if they had any concerns about people's welfare. Staff had pre-employment checks to help ensure they were suitable to work with people using the service. Staff cared for people safely and supported them to take their medicines where appropriate.

If people needed support with eating and drinking this was provided. Records showed people were encouraged to choose their meals and staff were aware of their likes and dislikes. If people were at risk of poor nutrition or hydration staff monitored them to ensure they were getting enough to eat and drink.

Staff monitored people's health and well-being and alerted health care professionals if they had any concerns. They liaised with health care professionals for advice and support as necessary and worked closely with families, where relevant, so that health issues were understood by all those supporting the person using the service.

People told us staff the kind, caring and patient and treated them with dignity and respect. The staff said they built up positive, caring relationships with the people using the service through listening to them and talking with them. Records showed staff continually offered people choices about all aspects of their care and support.

People using the service told us staff were usually on time for their calls. The provider had reorganised their daily schedule of calls to make it more workable. Records showed that since then the timing of calls had improved and excessively late calls were rare. People's care plans had also been re-written and improved to make them more personalised, meaning they were individual to the people using the service.

People told us that if they had any complaints they would be happy to raise them with staff at the agency. Record showed that if people did complain the agency took prompt action to address their concerns.

Senior staff regularly reviewed people's care either in person or by telephone. They also checked that staff were doing a good job by observing them providing support. This helped to ensure that people received a good quality service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

The service was safe.

People told us they trusted their staff and felt safe with them.

Staff knew what to do if they had concerns about the well-being of any of the people they supported.

There were sufficient staff employed to meet people's needs.

Good



### Is the service effective?

The service was not consistently effective.

The provider was not fulfilling their responsibilities under the Mental Capacity Act (MCA) 2005.

Staff training had improved in most areas.

Staff supported people to eat well and be healthy and alerted health care professionals if they had any concerns about them.

Requires Improvement



### Is the service caring?

The service was caring.

People told us that they got on well with the staff who they said were kind, caring, and patient.

People made choices about their care, treatment and support.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

People told us they were listened to when they raised concerns or complaints and staff responded by making improvements to the service.

Good



### Is the service well-led?

The service was not consistently well-led.

At the time of this inspection the provider owed fees to CQC.

People were asked for their views about the service and senior staff checked they were being provided with a good standard of care.

Requires Improvement



# Rosywood Care Services

## 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 28 January and 17 February 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors on each day we visited.

Prior to the inspection we reviewed the provider's statement of purpose and the notifications we had been

sent. A statement of purpose is a document which includes a standard required set of information about a service.

Notifications are changes, events or incidents that providers must tell us about.

We also spoke with staff from two local authorities and one CCG (clinical commissioning group). These agencies have contracts with the provider and we asked them for their views on the quality of the service.

We used a variety of methods to inspect the service. We spoke with nine people who used the service and/or their relatives. We also spoke with the provider, registered manager, care co-ordinator, and four care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We looked in detail at six people's care records and eight staff files.

# Is the service safe?

## Our findings

At our last inspection on 15 September 2014 we found the people who used the service were not protected against the risk of unsuitable staff. This was because not all staff employed by the provider had been safely recruited. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found the provider had met their legal requirements in relation to staff recruitment. We looked at eight staff files. Each contained the required information, including proof of identity, a satisfactory criminal records check, and a full employment history.

The staff we spoke with told us they had not been able to start work at the service until a range of checks had been carried out. This meant the provider had taken the necessary steps to ensure the staff employed were safe to work with the people using the service.

People using the service and their relatives told us they felt safe using the agency. One person said, "I always feel safe with the carers because you can trust them and they look after me properly." A relative commented, "I believe [my family member] is safe, I have no concerns about their safety when the carers are there."

Records showed staff were trained in safeguarding (protecting people who use services from abuse). The staff we spoke with understood the different types of abuse and knew how to report these should they need to, both internally and externally. The people we spoke with and their relatives said if they had any concerns about people's safety and welfare they would report these to the provider.

People's care records included appropriate risk assessments. These covered areas such as moving and handling, pressure area care, and infection control. This meant that staff had guidelines to follow to help ensure people were cared for safely.

The daily notes we looked at showed the advice and guidance in risk assessments was being followed. For example, if people needed two staff to support them, they were provided. If particular equipment was required to keep people safe, staff ensured this was used.

One person told us how staff helped them move safely about their home. They said, "If I need to walk they stay with me all the time so I don't fall." A relative said staff made sure their family member changed position regularly so they remained safe and comfortable in bed. They told us, "They keep a record of when they do this and have told us what to do when they're not there so we can help too."

People told us they were happy with how staff supported them with their medicines. One person told us, "The carers get my tablets out for me and after I've taken them they write it down on a chart." A relative said, "They give out the medication at the right time. They get it out and stay with [my family member] while they take it. When [my family member] has to have certain medications with food they make sure this happens."

From care records looked at we saw that some people had been involved in decisions about their medicines. Some people, or their relatives, had signed consent forms giving staff permission to prompt them to take medicines at certain times. However two people's consent forms had not been signed. We discussed this with the provider who agreed to address this.

# Is the service effective?

## Our findings

At our last inspection on 15 September 2014 we found that the people who used the service were not protected against the risk of unsuitable staff. This was because staff had not received the training and support they needed to fully meet the needs of the people using the service.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that the provider had mostly met the legal requirements in relation to staff training. However records showed that only a minority of staff had been trained in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and not all the staff we spoke with understood their responsibilities in this area. All the staff we spoke with said they would welcome training in MCA and DoLS.

Care records showed that some of the people using the service had mental capacity assessments in place. However these were general, stating that the person in question either did or didn't have capacity. This meant that mental capacity assessments were not specific for each individual decision at any particular time. This demonstrated a lack of understanding about MCA and DoLS and meant that we could not be sure that people's consent to their care had been obtained.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not ensure that all people using the service, and those lawfully acting on their behalf, had given consent before any care or treatment was provided.

The people using the service and relatives we spoke with said they thought the staff were competent and knew how to provide good care. One person told us, "I am happy with the carers. They know what to do when they come here. A relative commented, "The staff are well-trained. Some of them are very good indeed."

Staff told us they were satisfied with the training they'd been given. One staff member said, "The manager always says you can do extra training if you want to, you just have to ask them."

Records showed that staff had a comprehensive induction when they started work for the agency. They then shadowed other staff and undertook a range of online and

classroom-based courses. These were followed up with competency assessments in key areas such as moving and handling and the safe handling of medication. This helped to ensure that staff understood their training and knew how to put what they had learnt into practice.

One person said they had had some issues with a couple of care workers due to language problems. They told us, "The regular carers are brilliant but it's the ones they send in to cover that I have problems with because they don't always speak my language."

They said this had led to confusion over meals when staff hadn't understood what items the person was requesting. However they said these staff were competent in supporting them with personal care. We passed this information onto the provider for them to follow-up as necessary.

If people needed support with eating and drinking this was documented in their care plans. Their like and dislikes were recorded, for example, 'I prefer to have a drink of strong tea.' One relative told us, "The carers know what my [family member] likes so they don't have to ask me. It's written in the records."

Records showed that people were encouraged to choose their meals, but staff were also made aware of what they usually liked in case they had difficulty deciding on the day. For example, one care plan stated, 'I will let you know what I like each morning. However on most mornings I prefer to have [list of favourite breakfast items].'

If people were at risk of poor nutrition or hydration risk assessments were in place. This meant that staff were aware of the risks and could provide the necessary support which included completing detailed records of people dietary intake. Some people needed encouragement to eat and staff were made aware of this. For example, "[Person's name] may tell staff they have eaten when they have not. Staff to prepare a meal and sit with them while they eat it."

People's health care needs were assessed when they began using the service. Staff were made aware of these in plans of care. This meant they could support people to be healthy and alert health care professionals if they had any concerns. Records showed that staff had done this, as they had liaised with health care professionals for advice and support as necessary.

## Is the service effective?

Staff monitored people's health and well-being and care plans and risk assessments were re-written and updated when changes occurred. This helped to ensure staff had up to date information about the health needs of the people

they were supporting. Records also showed that staff worked closely with families, where relevant, so that health issues were understood by all those supporting the person using the service.

# Is the service caring?

## Our findings

At our last inspection on 15 September 2014 we found that people using the service had not always been treated with respect. This was because some staff had written records about them using inappropriate terminology.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that the provider had met the legal requirements in relation to ensuring dignity of the people using the service.

We looked at care records to see how staff had recorded their interactions with people. We found the quality of staff recording had improved significantly. The six care files we looked at contained good examples of staff writing about people in a respectful manner. Some of the recordings were of a particularly high standard. These had been written in a way that demonstrated both sensitivity and insight towards the people using the service.

Minutes of staff meetings showed this issue had been discussed and the importance of accurate, respectful records emphasised. One staff member told us, “We have had training on this. The owners are very keen on us getting the records right. Clients and their families can see the records so they need to be well-written.”

We did find a few instances of inappropriate language still being used, for example ‘bed bound’ (for a person being cared for in bed) and ‘muddled’ (for a person living with dementia) but these were exceptions. We discussed these with the provider who agreed they would provide further training as necessary to the staff who needed it. This will help to ensure that all recordings made by staff are of a consistently good standard.

People told us they got on well with the staff. One person told us, “They are very kind and very caring. They are patient and never try to rush me.” A relative commented, “I’m happy with the carers. They are good with my [family member] and have got to know them now which helps.”

Records showed that new staff had undertaken training about treating people with dignity and respect. This was reinforced during staff meetings and in staff supervision sessions.

Staff told us how they built up positive, caring relationships with the people using the service. One staff member said, “When I started here I was told the client comes first and that is what I work to. It can take a while to win people’s trust and you have to be patient but you get there in the end.” Another staff member told us, “When you first go it can be difficult because they [the people using the service] don’t know you. But through listening to them and talking to them you can soon build up a good relationship.”

We looked at a sample of daily records for the people using the service. These records were kept in people’s homes while current, so they had access to them, and then archived. Staff used them to document the care and support they provided on a day to day basis.

Those we saw provided evidence of staff continually offering people choices about all aspects of their care and support. People using the service and relatives that we spoke with confirmed this. One person said, “They never do anything without asking me first and that’s right because sometimes I change my mind about what I want.” A relative told us, “My [family member] can’t make many decisions but staff always consult with them anyway and tell them what they’re doing.”



# Is the service responsive?

## Our findings

At our last inspection on 15 September 2014 we found that people's needs had not always been met because calls had been missed, calls had been late, or care had not been delivered properly. We also found that care plans and risk assessments were not detailed enough to fully address people's needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we issued a warning notice in relation to this.

At this inspection we found that the provider had met their legal requirements in relation to responding to the individual needs of the people using the service.

People told us staff were usually on time for their calls. One person said, "They've got a lot better and rarely keep me waiting these days." Another person commented, "They are normally very reliable and if they are going to be late they call to let me know."

Relatives also said they were mostly satisfied with the punctuality of the staff. One relative said, "The carers are sometimes a little bit late but that is unavoidable as things happen on their earlier calls that are beyond their control." Another relative told us, "The timing of calls is acceptable to us – they are never more than 30 minutes late."

One person using the service and one relative said they had had issues with calls being late since our last inspection but these had now been resolved. Both said they had contacted the agency with their concerns and were satisfied with how the agency had responded.

The provider told us that following concerns raised at our last inspection they reorganised their daily schedule of calls to make it more workable. Records showed that since then the timing of calls had improved and excessively late calls were rare.

We asked people whether the care they received met their individual needs and preferences. They told us they were satisfied with the care and support they received. One person said, "The care is good. I am very happy with what the carers do for me." A relative commented, "The staff know exactly what to do when they come here. They know what their job is. Occasionally they ask me something but that's fine, I like to be involved."

Since our last inspection senior staff had reviewed and re-written the majority of the care plans. This had been done to make them more personalized, meaning that they were individual to the people using the service.

We looked at six care plans belonging to the people using the service. We noted substantial improvements to the way they were written. They took into account each person's full range of needs and focused on helping people achieve the outcomes they wanted for themselves.

A breakdown of each care call was recorded in detail. Each task the staff member had to carry out was clearly documented and written in the person's voice, for example, 'I prefer to have a wash on my bed.' This meant that staff had clear guidance to follow in order to meet people's needs in the way they preferred.

When we looked at the daily notes accompanying the care plans we saw that staff had provided good 'handover' information for the next staff member. This helped to ensure that staff were made aware of changes in a person's care needs and were able to provide continuity of care.

People told us that if they had any complaints they would be happy to raise them with staff at the agency. One person said, "[One of the directors] is a pleasant chap and easy to talk to. If I had a complaint I would go to him." Another person commented, "If I need to complain there's a number on my paperwork from the agency that I can phone."

One relative told us they had phoned the agency to raise a concern about a late call. They said, "I spoke to the manager and he took it very seriously and seemed very genuine." They said they were satisfied with how their concern was dealt with and had had no concerns since then. Another relative said, "I've had no problems at all with the agency but if I did I'd call the office and speak to the manager."

During our inspection one person raised an issue about staffing on their calls. With their permission we contacted the agency about this. We spoke with a senior member of staff who had already addressed and resolved this issue. This showed that prompt action was taken when a concern was raised.

The provider's complaints policy gave clear instructions on what people needed to do if they wished to make a complaint. It also advised them who to go to if they wanted

## Is the service responsive?

to complain to someone independent of the agency, for example, the local authority. The provider kept a record of any concerns raised and the action taken to resolve them. This showed that all concerns had been addressed.

# Is the service well-led?

## Our findings

At our last inspection on 15 September 2014 we found that the provider did not have an effective auditing system in order to check that people received a quality service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that the provider had met the legal requirements with regard to this issue. All aspects of the service were monitored, using a computer-based quality assurance system. The results of this were used to bring about improvements where necessary. For example, the system identified that some staff member's training had expired and in response the provider was in the process of booking further courses for them.

At the time of this inspection the provider owed fees to CQC. Section 85 of the Health and Social Care Act 2008 (HSCA) allows CQC to charge fees related to its registration functions. Non-payment of fees is an offence under the Health and Social Care Act 2008 and if CQC proceed with any enforcement action due to non-payment of fees, this may affect the provider's continued registration. However following the inspection the provider did pay their fees and this was confirmed by CQC's finance department.

People told us they were happy with the service provided. One person said, "I am happy to continue with this agency. They seem a lot better organised now." A relative commented, "Generally this is a good agency and overall I'm satisfied with them."

Senior staff regularly reviewed people's care either in person or by telephone. Records showed that during the review people were asked for their views about the care provided and their responses noted. Where possible people signed their reviews to show they were in agreement with them.

People told us senior staff also checked that care workers were doing a good job. One person told us, "I've had one of the managers come to my house a few times to watch the staff and make sure they're doing things right." A relative commented, "The managers supervise the staff. They've been out to my [family member's] house to work alongside the carers and make sure they're doing everything OK. That is reassuring."

Records confirmed that staff had regular 'field observations'. This meant that senior staff came out to check they were providing support in the way they should. Staff also had one-to-one supervision sessions which gave them the opportunity to reflect on their work and discuss any issues they needed to.

Staff told us that the provider and senior staff were supportive and helped them to work effectively. One staff member told us, "They do a lot for me. They have given me a set run with regular clients which I asked for. This is good for me and good for the clients because we can get to know each other." Another staff member commented, "They [the senior staff] are always contactable if we need them. They're only a phone call away and will send someone out to us straight away if we need support."

The provider held staff meetings to discuss good practice issues giving staff the opportunity to share their views about the service. Records showed that key issues were discussed. For example, staff had been reminded of the importance of accurate record keeping and of reporting any changes in people's needs to their line manager. Staff told us they found these meetings useful. One staff member said, "They keep us up to date with things and tell us about any extra training we can do."

We looked at how the people who used the service were involved in the running of the agency. Records showed they were asked for their views when they were first assessed, during the planning of their care, and when their care was reviewed.

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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered person did not ensure that all people using the service, and those lawfully acting on their behalf, had given consent before any care or treatment was provided.</p>