

Rose Care Suffolk Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Rose Care Suffolk Ltd provides personal care and support to people living in their own homes. There were 68 people using the service when we inspected on 12 February 2015. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service.

There was a registered manager in post. 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.

There were systems in place which provided guidance to care workers about safeguarding the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

Care workers had good relationships with people who used the service and were attentive to their needs.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Where people required assistance with their dietary needs there were systems in place to provide this support safely.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

Care workers were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people's nutritional needs were assessed and professional advice and support was obtained.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



Rose Care Suffolk Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we sent out questionnaires to people to gain their views about the service provided. These included to 16 people who used the service and 14 care workers. We received the questionnaires from eight people who used the service, three people's relatives and seven care workers. We also spoke with eight people who used the service and three people's relatives on the telephone and one person in the service's office.

We looked at records in relation to ten people's care. We spoke with the registered manager and four care workers. We looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

All of the questionnaires received from people who used the service told us that they felt safe from abuse and harm from their care workers. People we spoke with in person confirmed that they felt safe. One person told us that the care workers always made sure their home was secure when they left. One person's relative commented, "They go the extra inch, I know [person] is safe."

All of the questionnaires received from care workers said that they knew what to do if they suspected that a person was being abused or at risk of harm. Care workers spoke with in person confirmed this. They told us that they had been provided with training in safeguarding, which was confirmed in records. Care workers were knowledgeable about their roles and responsibilities regarding safeguarding, including the different types of abuse and who to report concerns to. They understood whistleblowing and told us that they would have no hesitation in reporting any concerns.

Care workers were provided with guidance of actions to take to make sure people were safe and to keep themselves safe, including the signs and indicators of abuse, different types of abuse that could occur, how concerns should be reported, lone working and whistleblowing. Care worker meeting minutes showed that regular discussions were held regarding safeguarding and this provided a forum for staff to explore their concerns.

Records showed that where care workers had been concerned about people's safety or had received an allegation of abuse, they had taken prompt action to report these concerns to the local authority safeguarding team, who are responsible for investigating safeguarding concerns.

One person's relative told us that where the care workers had identified concerns regarding their relative's safety prompt action was taken and they were kept updated. People's care records included risk assessments and guidance for care workers on how these risks were minimised. These included risk assessments associated with moving and handling and the safety of people's homes. People were involved in the planning of the risk

assessments. Regular reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

Prompt action was taken by staff to ensure people's safety in unforeseen situations outside of their usual visiting times. For example when a person had fallen, the registered manager and another care worker went immediately to the person's home and the care worker remained with the person whilst they sought and received treatment. One person's relative told us that when they were unable to contact their relative they had called the service's office who had visited their relative to check that they were safe. They commented, "They go over and above what they need to do, sometimes [person] leaves the phone off the cradle and I can call them and they will go in and check."

Care workers understood the actions that they should take in the case of an emergency or if they were concerned about people's safety, this included if they could not access people's homes when they arrived for planned visits. Records showed that the care workers acted appropriately when they were concerned about people's safety, including contacting professionals to check that people had the equipment that they required to be safe and have their needs met.

There were sufficient numbers of care workers in the service to meet the needs of people. People and relatives told us that if the care workers were running late they were told and that care workers always stayed for the agreed length of time. One person commented, "If they are running late they always let me know, they are very good like that, they always apologise, it is exactly what I want." Another person said, "They never cut corners and always ask me if I need anything else before they leave." Another commented, "Sometimes they stay longer depending what I need." This was also confirmed by the questionnaires received from people who used the service and their relatives and records.

None of the people we spoke with had experienced issues of the care workers not turning up for their arranged visits. However, there were systems in place to manage missed visits, which were addressed as soon as they came to the attention of the service's management. Care workers were

Is the service safe?

provided with weekly programmes which identified the visits that they were to complete. They told us that they felt that there were enough care workers to cover the arranged visits.

Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service. This was confirmed by care workers, one told us, “I was not allowed to start until all the checks had been done.” This told us that people were protected by the service’s recruitment checks to confirm that care workers were of good character.

People who needed support with their medicines told us that they were happy with the arrangements. One person

said, “They remind me to take my pills.” Another person commented, “I used to manage my own but now they come and put them in a little pot so I can get at them in the morning.” One person’s relative told us that their relative was supported with their medicines which they felt was done safely and said, “They have got it off to a t.”

People’s records provided guidance to care workers on the support required by people and there were risk assessments in place which identified how the risks associated with their medicines were minimised. Medication records showed that people were provided with their medicines when they needed them.

Is the service effective?

Our findings

All of the questionnaires returned to us from people who used the service or their relatives told us that they believed the care workers had the skills and knowledge that they needed to meet their needs. One person told us, "We feel staff have the skills they need to do their job." Another person commented, "I think they are well trained, my carer has done first aid, which is handy to have."

Care workers told us that they were provided with an induction which prepared them fully for their role and that they were provided with the training that they needed to meet people's needs. Two care workers told us that they were provided with core training and if they wanted to do training in other subjects they could ask and this would be provided.

Records showed that care workers were provided with an induction for one week before they started working in the service, this included core training and training in people's diverse needs, including dementia, Parkinson's disease and mental health conditions. Following this induction care workers worked with more experienced care workers until they were competent and confident to work alone. One care worker who was undergoing their shadow shifts told us that they felt that their induction was thorough and provided them with the information they needed to meet people's needs. Training was also updated on an annual basis to ensure that care workers were kept up to date and they were provided with the knowledge to undertake their role.

In addition to the formal training care workers were provided with guidance in the care worker handbook, meetings and newsletters. Care workers told us that they felt supported in their role and were provided with regular one to one supervision and appraisal meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice to meet people's needs effectively.

People told us that the care workers asked for their consent before they provided any care. One person said, "They always ask me what I need doing." People's records included their capacity to make decisions and they had signed their records to show that they had consented to their planned care.

Care workers told us that they had received training and understood their responsibilities under the Mental Capacity Act (MCA) 2005. Care workers were provided with further guidance on the MCA in care worker meetings and the care worker handbook had been updated to include the MCA and what it meant for how they cared and supported people. The handbook also included guidance on how people's consent for care and treatment should always be sought to ensure that they were not provided with care or treatment that they did not agree with.

People told us that they were cared for by a group of care workers, which they thought was positive. This was also confirmed in the questionnaires completed by people who used the service. One person said, "I get the same group of carers, but I don't mind meeting new ones, it is nice to meet others." Another person commented, "I had one carer for six years, but they left and I have got a new one now. I need continuity." Another person said, "[Care worker] is a football fan and is a great friend of mine." Care workers told us that they usually visited the same group of people.

The registered manager told us that they tried to make sure that people were provided with a regular group of care workers who were known to them and that people were compatible with the care workers.

People were supported to eat and drink enough and maintain a balanced diet. People who needed support with their meals and drinks told us that they were satisfied with the arrangements. One person said, "They make me a sandwich or put me a meal in the microwave, depends what I want. They always do it just right."

People's records identified people's requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of malnutrition or dehydration. Where people required support this was explained to guide care workers on how their needs were met. We saw that care workers had contacted health professionals when they were concerned about people. Care workers were provided with training in food hygiene and further guidance in the care workers handbook. Minutes from a care worker meeting in June 2014 showed that a health professional gave a talk on diabetes. This told us that people who required support with their dietary needs this was done safely and effectively.

Is the service effective?

People were supported to maintain good health and have access to healthcare services. People told us that the care workers helped them to contact health professionals if needed and also made suggestions if they were concerned about their wellbeing. One person told us, "I wasn't feeling well and [care worker] asked me if I wanted them to call a doctor, I said no at first but they spoke to me and I agreed, I'm happy they did this." One person's relative commented, "My [person] had problems with leaking legs and they called the district nurse in straight away and kept me updated."

Records included guidance for staff on how people's health needs were met. We saw that where care workers were concerned about people's wellbeing they took prompt action to refer them to health professionals, after seeking people's consent. These referrals included to dieticians, their doctor, the district nurse and occupational health. When treatment or feedback had been received this was reflected in people's care records to ensure that other professionals guidance and advice was followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People told us that the care workers always treated them with respect and kindness. One person said, “I take my hat off to them, even in the office, they are all very kind.” Another person told us, “They are like extended family, the staff are bright and happy and we jolly each other along.” Another commented, “I am pleased with Rose Care, they are respectful and polite and we have a laugh. They are all lovely I am very blessed.” All of the questionnaires received from people who used the service and their relatives said that the care workers treated people with respect and dignity. One relative’s questionnaire stated, “Everything is carried out with a cheerful and caring manner,” and that their relative had, “Nothing but praise for the staff who care for [person] every morning and evening.” We saw that when one person visited the office the care workers and office staff who were present interacted with them in a friendly and respectful way.

Care workers understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Care workers knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. People’s care records identified people’s specific needs and how they were met. The records also provided guidance to care workers on people’s preferences regarding their care, for example in what order they preferred their personal care to be delivered.

People and their relatives told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, “They always ask me what I need, and then ask me if there is anything else I need.” Another person said, “At the beginning they came here and asked me what I needed help with, and they ask me if I need anything changing.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed the records to show that they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us that the care workers promoted and respected their independence. One person said, “They encourage me to do the things I can do myself.” Another person told us, “They don’t take over, I would not like that.” Another person commented, “I am very independent, I like to do things myself if I can, but I know I can ask if I can’t.” People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Appropriate action was taken when care workers had identified issues in people’s wellbeing which affected their ability to maintain their independence. This included offering extra time and referring to other professionals, for example for guidance regarding equipment which helped people to maintain their independence.

Is the service responsive?

Our findings

People told us that they were involved in decision making about their care and support needs. This was confirmed by people's relatives and the questionnaires that were received from people. Comments were received regarding how the service was flexible and changes were made where needed. For example, one person said, "If I have an appointment or something to do, I just let them know and they come at a time which suits me." One relative's questionnaire stated, "What I like about Rose care is the flexibility they give to my [person]," and they went on to explain how times were changed when their relative undertook a regular outing.

People's records confirmed that people were involved in decision making about their care and identified that care workers should always ask people what they needed. One person told us, "As soon as they arrive, they ask me what they can do for me." Another person commented, "Top marks for listening, they listen, it is a good skill to have and they do."

People told us that they were happy with the service that they were provided with and that the service was responsive to their needs. One person said, "I am very happy, they are such a prop, physically and mentally." Another person commented, "I am very satisfied with the care I receive and feel very fortunate that such care is available."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. The care plans were detailed enough to ensure that people's preferences were respected. Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. Changes were reported to the service's senior team who amended the records to reflect the changes. The registered manager and senior staff also undertook care worker duties. The registered manager told us that this provided them with the opportunity to talk with people about their choices and views about the service.

People told us that the care workers updated their relatives and friends with any information regarding their wellbeing, if they wanted them to. One person commented, "If I need any shopping or messages given to friends or relatives, they do it promptly and willingly." This was confirmed by

people's relatives, one told us, "They have always phoned me when there has been a problem with my [person]." People further told us about how the service supported people to reduce social isolation. One person commented, "We have a nice cup of coffee and a chat." We looked at their care records and this was identified as something that the person liked to do with care workers. One person's relative told us about how they supported their relative, "Talking to [person] in the evenings because [person] gets very lonely."

The registered manager told us about how they arranged social activities for people to attend if they wanted to. This was an attempt to reduce social isolation and transport was arranged where needed. These included a Christmas party and a fish and chip lunch on the sea front. Records confirmed what we had been told. People were provided with newsletters which told them about any changes in the service and the next social outing which was being planned. In these newsletters people were asked to contact the office if they wanted to provide any suggestions, and this had been taken up by some people who had written poetry which was published in the newsletters.

People told us that they knew how to make a complaint and they felt that any concerns were listened to and addressed. One person said, "I can't fault the office at all, I can call them at any time with any problems and they sort it straight away." Another person commented, "We only had one problem and it was solved quickly." One person's relative told us, "There can be the occasional problem, but always able to resolve this with the senior staff." Another commented, "They have taken time to listen to any concerns I have had, supported me whenever I have been worried or upset."

Records showed that people's concerns and complaints were investigated, addressed and responses sent to the complainants. The outcomes to the complaints investigations were used to improve the service and care workers were updated to any changes to the service made as a result of complaints received. For example, care workers were not sent to people if they asked them not to be, improvements were made in the ways that the medicines were audited and the ways that care workers monitored people's health needs, such as bowel movements.

People were provided with information about how they could raise complaints and other useful telephone

Is the service responsive?

numbers in information left in their homes. Care workers told us about the out of hour's service that they provided, this enabled people to contact them at any time, as well as the office hours.

Is the service well-led?

Our findings

People told us that they felt that the service was well run and that they knew who to contact if they needed to. One person said that the service was, “Very well run.” Another person commented, “I am very happy, so glad the company is there, I am so lucky to be with Rose Care. The carers are local and the company are local, it makes a big difference.” People and their relatives told us that they were regularly asked for their views about the service. One person said, “They ask me what I think and make changes if I want them to be made.” One person’s relative commented, “They do reviews and spot checks on carers to check they are doing what they should.” This was confirmed in records which we reviewed.

People were asked if they were happy with the service they received in reviews, complaints and discussions with the service’s senior team. People’s comments and concerns were listened to, valued and used to improve the service.

Records showed that regular spot checks were undertaken on care workers. These included observing care workers when they were caring for people. Checks were made, for example, on if the care workers were polite, followed people’s care plans, wore their uniform and identification badge and followed good infection control procedures. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training. This was confirmed by care workers. They told us that they valued this because it meant that they knew they were providing good quality care to people.

The service’s management promoted an open and empowering culture. Care workers told us that they felt valued by the service’s management. They were committed to providing people with a good quality service and were aware of the service’s vision and values. They told us that they could speak with a senior care worker or the registered manager whenever they needed to and that their comments would be listened to and acted on. Care workers told us that they attended regular team meetings where they could discuss concerns or the ways that they were

working. Records confirmed what we had been told. We saw that in these meetings, care workers were asked for their opinions on subjects and these were noted and acted on.

As well as the care workers meeting, there were weekly office meetings. In these meetings the registered manager, senior care workers and office staff discussed any changes in the people who used the service, staffing and rota arrangements, requests for visit changes and identified area for improvement. This meant that issues were identified and addressed promptly to ensure people were provided with a service which was of good quality and met their needs. During our inspection the service were holding open days, where prospective service users and care workers were invited to learn about the service and what they offered.

Discussions with the registered manager and the Provider Information Return (PIR) identified that the service had systems in place to identify where improvements were needed and took action to implement them. This told us that the service continued to drive continuous improvement and provide a safe and good quality service to people which met their needs. The registered manager understood their role and responsibilities and had kept updated with the changes in inspection. They confirmed that they were supported by the provider in their role and had a clear understanding and the provider’s vision and values. They told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service. The registered manager kept their training updated and was able to use what they had learned to improve the service, for example following a medication compliance course they had attended in December 2014, they had identified way that they could improve the spot check process.

The quality assurance systems in place were robust and showed that the service identified and addressed shortfalls promptly and continued to improve to provide a good quality service to people. Records showed that checks and audits were undertaken on records, including medicines and care notes, and incidents. Where shortfalls were identified prompt action was undertaken to address introduce changes to minimise the risks of similar issues reoccurring.