

Mrs Donna Louise Salt

# Rose Care

## 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

We inspected this service on 1 April 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection undertaken at this service since its registration on 4 October 2013.

Rose Care provides personal care and support to people living in their own homes in Burton upon Trent and the surrounding areas. At the time of our visit 14 people were receiving a service.

There is no registered manager condition at this service as the registered provider managed the service on a day to day basis.

Staff understood how to protect people from abuse and were responsive to their needs.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people in their own homes. Sufficient staff were available to meet people's needs and they received their calls as agreed.

People were supported in a safe way because the manager had undertaken risk assessments and developed care plans with the involvement of people, which provided staff with information on how to minimise these identified risks. People had equipment in

# Summary of findings

place when needed, to enable staff to assist them safely. Staff had a good understanding of people's needs and abilities and the training they received supported them to meet the needs of people they cared for.

People that were supported with their meals were provided with well-presented meals that met their preferences and needs.

People knew how to make a complaint if they needed to. They were confident that the manager would listen to them and they were sure their complaint would be fully investigated and action taken if necessary.

The manager carried out regular checks on staff to observe their working practices and to ensure records were completed accurately. The out of hours on-call system ensured management support and advice was always available for staff.

The management of the service was open and transparent. Positive communication was encouraged and people's feedback about the support provided was sought by the manager to further develop the service and drive improvement.

# 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 felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were implemented and recorded in people's care plans. Medicines were managed safely and people received their prescribed medicines.

Good



### Is the service effective?

The service was effective.

People were supported by staff that were suitably skilled because they received training and support that met people's needs. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



### Is the service caring?

The service was caring.

Staff were caring and treated people respectfully. Staff ensured people's dignity, privacy and personal preferences were met. People were involved in discussions about how they were cared for and supported.

Good



### Is the service responsive?

The service was responsive.

The support people received met their needs and preferences and was updated when changes in their individual needs or abilities were identified. The complaints policy was accessible and people were encouraged to raise any concerns about their care and support.

Good



### Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities because they were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Good



# Rose Care

## 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 1 April 2015 and was announced. The inspection team consisted of one inspector. 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 available at the office.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we asked the provider during our inspection if there was information they wished to provide us with in relation to this.

We reviewed information we held about the service. This included statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke by telephone with two people who used the service and three relatives. We also spoke with the manager and four care workers.

We reviewed records held at the service's office, which included four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People told us they felt safe with the staff at the service. One person told us, “Ever since I have used Rose Care I have felt safe with the staff that support me.” Another person’s relative said, “I have the reassurance of knowing the staff are going into [Name] twice a day to make sure everything is alright. I know that [Name] feels safe with the staff and gets on really well with them.”

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff were aware of the signs to look for that might mean a person was at risk of harm, and understood how to report their concerns. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff confirmed they had been given a policy and procedure manual which included information on safeguarding people. Staff told us they would report any safeguarding concerns to the manager. Discussions with the manager confirmed they knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse. A policy and procedures were in place for staff to follow if they had any concerns regarding care practices. Staff told us they were aware of the whistleblowing policy and knew they could contact external agencies, such as the local authority or the Care Quality Commission, if needed. Staff told us they were confident that the management team would support them if they raised any concerns.

People told us they had all the equipment they needed for staff to assist them safely. We saw that the management team had assessed risks to people’s health and wellbeing. Where risks were identified the care plan described how staff should minimise the identified risk. Risk assessments were in place regarding people’s home environment and their moving and handling needs. The assessments included the actions needed to reduce risks. For example, we saw that one person was anxious about falling, as they had fallen in the past. Although they were able to use the stairs in their home and had hand rails in place, the staff were present when this person used their stairs at night and in the morning, to provide reassurance and reduce their risk of falling.

We saw that people were supported in a safe way because the manager ensured enough staff were available to

support people according to their assessed needs. The care plans we looked at included an assessment for the level of support the person required. This enabled the manager to calculate how many staff were needed to support the person in a safe way. Staff told us they only worked alone when a person’s assessment confirmed it was safe to do so. One member of staff told us, “The majority of people I support need the support of two staff because they have some mobility problems.” The staff member told us about the various equipment that was in place to support people, such as a hoists and slide sheets and said, “We don’t work alone if someone needs that level of support, it wouldn’t be safe.” One person’s relative told us, “There are always two staff, as [Name] needs two staff for their personal care needs as they are cared for in bed.”

There were enough staff to meet people’s needs. People confirmed they received their calls at the agreed time. One person’s relative told us, “[Name] has regular staff and they always turn up on time.” The manager told us the minimum call time provided to people was 30 minutes. Staff told us this allowed them to provide the necessary personal care for people and to talk with people in an unhurried way. One person told us, “The staff never rush me, they do what I ask. I think they are very good.”

The manager checked staff’s suitability to deliver personal care before they started work.

Staff told us they were unable to start work until all of the required checks had been completed by the manager. The five staff files seen had all the required documentation in place.

Staff supported people to take their medicines safely. People told us they received support to take their medicines as prescribed, and in the way they preferred. Information in people’s care plans included their preference for how they took their medicine. We saw that assessments were completed of the level of support the person needed to take their medicine so that staff could support the person according to their needs. Staff told us they had undertaken medicine training. The training records confirmed staff were provided with training to support their knowledge and understanding. A medicines administration record (MAR) was kept in people’s homes and we saw that staff signed when medicine had been given, or recorded if not given, and the reason why.

# Is the service effective?

## Our findings

People told us care staff met their assessed needs. One person told us, “Staff that work with me understand my needs, what my illness means to me and they know my likes and dislikes.” Staff understood people’s needs and abilities and their descriptions of how they cared for and supported people matched what we read in the care plans.

Staff told us their induction training enabled them to meet the needs of people they supported. Staff told us the induction included attending training, shadowing experienced staff and reading care plans. One member of staff told us, “The first few weeks I worked with the manager. This gave me an opportunity to get to know people and I learnt how to support them.”

People told us they received effective care from staff that had the skills required to meet their individual needs. Staff told us that they were provided with training that was specific to the needs of people they supported and talked about the training provided. One member of staff told us, “The manager provided training in the specific moving and handling techniques people needed, and supported me really well.” We saw that moving and handling equipment, such as a hoist, was available at the office base to provide training to staff as needed. Staff told us they had been given training with this equipment when they supported people that used these aids to enable them to support people safely.

People were cared for by staff that were well supported. Staff told us they received supervision on a regular basis and felt supported by the management team. Staff said supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. Staff also told us about observational supervision undertaken by the manager. One member of staff said, “The manager

didn’t tell me when she was going to do this, she just turned up and checked I was using the right equipment and that I treated the person respectfully and maintained their dignity.”

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The manager told us staff had not yet undertaken training in relation to the MCA but plans were in place to provide staff with this training. Staff knew about people’s individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff told us they obtained people’s consent before they supported them. One person told us, “The girls [staff] always check with me first before they do anything and they do exactly what I ask them to do.” The care plans we looked at had been signed by people to demonstrate their consent to the support they received.

Staff told us that when people needed help with preparing their meals and drinks, they did this in the person’s preferred way. One person’s relative told us, “I usually prepare all the meals, but on occasion the staff do it and they always prepare whatever [Name] wants.” Staff kept records of the support they gave, which described the level of help people received with meals and drinks. The records showed people were encouraged to choose their own meals and were supported to maintain a balanced diet and sufficient fluids, to reduce the risks related to nutrition.

People’s health care needs were documented as part of their care plan. Care staff told us that if they had any concerns about people’s health they would inform the manager. Records showed that people were supported to maintain their health. One person’s records showed that staff monitored their skin condition and reported any concerns to the district nursing team, to minimise the risks associated with skin care.

# Is the service caring?

## Our findings

People told us that staff were caring and supportive. One person told us, “Rose Care have helped me a lot. The manager made sure I got the right carer, someone that was compatible with me, with the same interests and a similar personality. Any problems they sort them out. They are very compassionate.” One person’s relative said, “The staff have built up a good rapport and it works really well, I think this is crucial in providing good care.”

The manager ensured people’s rights were protected as people told us they were involved in the development of their care package and involved in reviews of care. Information in records confirmed this as people had signed and dated their care plans to demonstrate this and we saw positive comments from people had been recorded regarding the care they received.

Records showed that people were supported to maintain as much independence as possible. This was confirmed with people and relatives we spoke with. One person’s relative told us; “[Name] is very independent and staff respect that. They always ask [Name] what she wants them to do. This helps [Name] to stay independent.”

People told us that staff supported them to maintain their dignity. One person told us, “The staff are very friendly but also professional they always make sure my dignity is maintained when they support me.” Another person told us the staff, “Always” maintained their dignity and another person said, “Yes definitely, everything is done professionally.”

# Is the service responsive?

## Our findings

People confirmed that they had been involved in their initial assessment before they used the service. One person told us, "I was involved in my assessment, so the staff understand what my illness means to me and they know my likes and dislikes." Another person's relative told us, "We are very happy with the care provided and we have been fully involved and get regular correspondence from service."

Staff had the relevant information required to support people appropriately. We saw that information had been used from people's initial assessments to develop their plan of care. Information in people's care records was clear, well recorded and concise. People's changing needs were monitored to ensure the care they received was relevant and met their needs. We saw that reviews of care took place six weeks after care packages were put in place to ensure people were happy with the support they received. The manager told us that reviews of care took place on an annual basis, or sooner where there was a change in their needs, to make sure that people's current needs were met.

The manager sought people's views and preferences to enable them to provide personalised support to people. The manager showed us the introduction letter that was sent out to people when they began to use the service. The letter asked people to provide some information about themselves such as how they preferred to be addressed,

what and who was important to them, their likes and dislikes, including food and drink, their hobbies and interests and any communication needs they had. It also asked people if there was anything they wished to avoid discussing and what they expected from the company.

People told us the staff supported them in their preferred way. Comments from people and their relatives included, "[Name] will tell the girls how she likes things doing and they always check she is happy with everything before they go" and "The staff are lovely, they do what I ask."

People were aware of the office number and knew where to find it. One person said, "I have got all the information I need about service and that includes contact details." People told us that if they had any concerns they would call the office and speak to the manager. One relative told us, "I would speak to the manager, no hesitation and I am sure she would sort any issues out. She is very good."

Staff told us that any complaints or concerns made to them would be reported to the manager. One staff member said, "No one has ever complained to me, but if they did I would inform the manager straight away."

People told us they had been given a copy of the complaints policy. The complaints procedure was clear and provided contact details. The manager told us that no complaints had been received since the service opened. We saw that documentation was in place to record complaints and how these had been addressed.



# Is the service well-led?

## Our findings

People who used the service had clear guidance about who to speak to if they had any questions or concerns. The management team and staffing structure were clearly described. All of the staff were aware of the staffing structure and demonstrated that they understood their roles and responsibilities. People using the service and their relatives were clear who the manager was and told us that they felt the service was managed well. Comments seen in compliments cards from people and their relatives included, “You have a great ethos as a company. You are a shining example of what care at home should be all about.”

The provider’s quality assurance system was in the process of being developed. We saw that people’s views had been sought at care reviews and people confirmed they were happy with the support they received. Where people had requested any changes in their care package, records showed that action had been taken to address the requests. One person had requested an additional 15 minutes at their visit and this had been provided.

The provider ensured people were supported according to their identified health and care needs. Care plan reviews and people’s level of needs were regularly reviewed and updated to enable the manager to check that the staffing levels were sufficient to support people according to their needs and abilities. Staff told us they were given sufficient time to enable them to support people in an unhurried way.

An ‘on call’ system was provided by the management team to support staff. We saw that the on-call team were staff already involved in delivering care, who were able to

provide instant or planned cover when needed. Staff told us that if they needed support there was always someone on call to assist them. One relative told us, “Because the manager provides regular care, if they are called out of hours, they know [Name] well, so [Name] would feel comfortable and the manager would know how to support them.”

Records showed that people were asked to sign after each staff call to confirm staff had provided the support agreed. The records were returned to the office each week and monitored by the management team to check people received their agreed support.

The provider conducted regular audits to check that people received good quality care. The management team conducted regular checks of completed medicine records that were returned to the office to make sure that staff were supporting people to take their medicines as prescribed. The manager told us that any errors identified were addressed through staff training and supervision as required. We looked at a sample of medicines records and found there were no omissions or errors.

Staff had the relevant guidance to enable them to support people in line with the Care Act 2014 Regulations. We saw that policies and procedures were linked to the new fundamental standards. Staff told us they were aware of the policies and they were accessible to them.

We saw the data management system ensured only authorised persons had access to records. People’s confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.