

Romis Care Services 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 ●

Summary of findings

Overall summary

About the service

Romis Care Services Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, Romis Care Services Ltd were providing a service to seven people, with two people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is 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

People and relatives spoke positively about the care provided by the service. They received care from regular staff who never missed a call and stayed for the allocated time.

People were safeguarded from harm and were confident that if they reported any concern, it would be dealt with appropriately by the registered manager.

Risks were assessed and monitored to keep people safe. The service followed government guidance in relation to the pandemic. Staff had received infection control training and had appropriate personal protective equipment.

Medicines administration was supported ensuring people received their medicines as prescribed. There was one person receiving medicines and the registered manager monitored administration records weekly.

We made a recommendation as the service developed, in relation to the medicine audits the provider already had in place.

Care plans were person-centred, and the registered manager and staff knew the needs of people well. Assessment processes were in place and people were referred to professionals for specialist advice in a timely manner.

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

People told us that staff treated them with dignity, were caring and kind and supported their independence. People were supported to express their views during assessment reviews and when care was delivered.

Staff were recruited safely, although additional information would make this process more robust.

We made a recommendation in relation to staff recruitment.

The service had an induction programme which included staff completing the Care Certificate. Staff received training and supervision and the registered manager carried out spot checks to monitor staff competency. Staff told us that the registered manager was approachable and supportive.

The registered manager had a clear vision for providing quality care and had policies, procedures and quality monitoring processes in place to support care practice as the service develops.

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

Rating

This service was registered with us on 21 November 2018 and this is the first inspection.

Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered. We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Romis Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

One inspector visited the service location. To support the inspection, one inspector contacted those using the service and those who were working with the service, to gain their view of the care provided.

Service and service type

Romis Care Services Ltd 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. For this service the provider was registered as the registered manager.

Notice of inspection

This inspection was announced. We gave the service notice of the inspection because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 26 November 2020 and ended on 11 December 2020. We visited the office location on 10 December 2020.

What we did before the inspection

Prior to the inspection, we reviewed the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection as this process had been suspended due to the pandemic. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took account of all information received when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with four members of staff which included the provider/registered manager, and care workers. We spoke with one professional who works with the service.

We reviewed a range of records. This included two people's care records and one medicine record. We looked at two 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 validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff who supported them, and were confident that if they reported any concern it would be dealt with appropriately.
- Staff had received training on adult safeguarding. They had access to policies and procedures for safeguarding and whistle blowing and were aware of the process to follow should there be an allegation of abuse.

Assessing risk, safety monitoring and management

- Initial care assessment reviewed each area of care and the environment, and identified any risks and support needed to ensure people were kept safe.
- The registered manager knew the people well and visited them weekly which enabled monitoring of safety and care provision.
- Staff told us that the registered manager conducted spot check observations on their practice. People told us the registered manager also visited on days when the staff were not present which provided people with an opportunity for them to talk directly with management.
- People appreciated being cared for by the same staff and told us that staff had not missed any calls.

Staffing and recruitment

- The service had a comprehensive staff recruitment policy and process in place to ensure staff recruited were suitable for the role. Staff had photographic identification.
- The service obtained the necessary documentation to ensure staff were safe to work with people in their own homes which included, identification, references and the Disclosure and Barring System (DBS) checks. Whilst all the relevant information was obtained, further information in relation to new staff could be more robust in terms of additional references.

We recommend the provider consider best practice in relation to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Using medicines safely

- The service had a medicine policy which provided clear guidance for staff on how to support people with medicine administration.
- Staff were trained in medicine administration. Staff competency supervisions were undertaken by the registered manager.
- The service provided support to one person with medicines. We reviewed the medicines administration record, and this was completed correctly. The registered manager assisted with medicine administration

weekly and checked the medicine administration record at that time.

We recommend the registered manager considers using the audit system they have in place to document the medicine checks, as this would support quality assurance oversight as the service expands.

Preventing and controlling infection

- The infection prevention and control policy provided staff with clear guidance on procedures to follow to mitigate risks.
- Additional risk assessments had been put in place in response to the pandemic and government guidelines were followed.
- Staff had received training in infection control and the donning and doffing of personal protective equipment (PPE). The registered manager told us they maintained a stock of PPE.
- The registered manager was aware of the guidance and programme on COVID-19 testing for care workers.

Learning lessons when things go wrong

- When things went wrong, the registered manager told us the incident would be analysed, and actions taken. Lessons learned were shared with the staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 service had comprehensive care plans which were person-centred and focused on the needs and choices of the person.
- People told us they were offered choice when care was delivered. They [people] told us staff stayed for the full time allocated and their care was never rushed. One person told us "The service is wonderful. Whenever I ask the manager for something, it is done. My care worker is lovely, always asks if there is anything else I need."

Staff support: induction, training, skills and experience

- There was a planned induction programme and staff completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Staff received mainly online training with some practical training. The registered manager told us they were liaising with different training providers to arrange more face to face training when it was safe to do so in line with pandemic government guidelines.
- There was one person using a hoist and staff confirmed they had received practical hoist training on how to use it safely. The registered manager told us they observed all staff who were using the hoist to ensure competency.
- Some staff were undertaking or had completed health and social care qualifications.
- People told us that staff were knowledgeable and well trained.

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

- Staff supported people with meal choice and promoted healthy eating.
- Staff received training in food safety and assisted with meal preparation when required.

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

- The service referred people to specialist advisers where necessary. We saw evidence in a care plan that the occupational therapist and physiotherapist had visited one person to assess mobility and arrange for appropriate equipment to assist with movement.
- The registered manager worked closely with the social work team and community professionals. One professional told us, "The manager is reliable, available and exceptionally helpful."

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

- The service supported people to access health and social care services.

- Staff were confident to call for emergency healthcare assistance if required and people told us that staff would support them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans identified that assessments were made in line with the requirements of the Mental Capacity Act.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with respect and kindness.
- The registered manager provided close oversight of the service. People using the service and their relatives said the communication with the service was good.
- Staff were knowledgeable about the people they provided care for and spoke with compassion when talking about their role and people using the service.

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

- People were involved in their care planning. Care plans were comprehensive and provided clear guidance for staff to assist people in a personalised way.
- Assistance was given when needed to access health care professionals in relation to people's care needs, and the registered manager supported people during the specialist visits.
- People told us that they were consulted about their care at each visit.

Respecting and promoting people's privacy, dignity and independence

- People said their privacy and dignity was maintained when care was provided. People were assisted to maintain their independence.
- The registered manager referred to people's rights in conversation when providing care, and this ethos was supported in the service user guide and statement of purpose.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- An initial assessment was carried out to establish individual care needs which included environmental assessments. People appreciated receiving care from the same staff group who knew their needs well.
- Care plans were reviewed, and people were involved to ensure needs continued to be met.

Meeting people's communication needs

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

- Care plans focused on the communication needs of the person including identifying those who required assistance with vision or hearing.
- Service User guide included pictorial images and sections on rights and choice.
- The registered manager was aware of the Accessible Information Standard and told us they would provide information in a format that was suitable to meet the individual person's needs.

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

- The registered manager recognised social isolation as a concern. Social visits were supported although access during the pandemic was restricted.
- Care plans supported religious, spiritual and cultural preferences.

Improving care quality in response to complaints or concerns

- The service user guide contained information on how to make a complaint if required.
- Communication with the service was good and people were confident that if they had any concerns the registered manager would deal with them appropriately.
- The complaints policy provided clear guidance on the complaints process including contact details of external organisations such as the Care Quality Commission and Local Authority if required.

End of life care and support

- The service was not providing palliative or end of life care to anyone at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture and led by example. People and relatives spoke positively about the support provided by the registered manager and staff.
- Support was given by the registered manager to assist people to access their medicines from the chemist and health and social care requirement referrals.

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 understood duty of candour and their legal responsibility.
- The registered manager visited people in their homes to provide support and to review people's care needs. This gave people an opportunity to talk directly to the registered manager.
- The service had a system in place for reporting accidents and incidents which was monitored by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service had systems in place for quality assurance audits which included reviewing care plans, medicine records and spot check monitoring visits.
- The registered manager was experienced and understood their role. They spoke about further learning opportunities planned for management and staff, and to continually improve care as the service expanded.
- Staff spoke positively about the service and said the registered manager was approachable and supportive. One staff member told us, "The service is very good. Any problems you can call the manager at any time. Really enjoyable work."
- Staff had received appropriate training and were confident in their role. They were aware of the standards set by the registered manager and told us they felt valued.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The registered manager was in contact with people on a weekly basis either by telephone or visits to gain feedback about the service.
- The service conducts an annual quality assurance survey. This had been completed for this year with a positive outcome.

- The service works closely with health and social care professionals and the advocacy service.