

Ros and Mos House Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ros and Mos House Support Ltd is a domiciliary care service providing personal care to people who live in their own houses and flats. At the time of our inspection, 5 people were using the service.

Not everyone who uses domiciliary care services receives 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 the service and what we found

People's medicines were not always managed safely and the provider's processes for checking the accuracy of people's medicines records were not robust.

The registered manager's governance arrangements did not always provide assurance the service was well led. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection. Limited information was available or recorded to demonstrate the registered manager had recognised where improvements were needed, and lessons learned to improve quality of care to people.

We received positive feedback on the service. A relative told us, "The staff are extremely kind and caring. We have never experienced a missed visit." There were appropriate levels of staff to support people. People were safeguarded from the risk of abuse. Staff had received appropriate training to support people.

People were protected by the provider's prevention and control of infection practices and arrangements. People said they felt safe and had no concerns about their safety or wellbeing.

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.

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

Rating at last inspection

This service was registered with us on 13 July 2022 and this is their first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations

We have identified breaches in relation to recruitment practices, medicines management and quality assurance.

We have made a recommendation about care plans and risk assessments.

Please see what action we have told the provider to take at the end of the report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ros and Mos House Support 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 July 2023 and ended on 24 July 2023. We visited the office on 17 July 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 1 relative who used the service about their experience of the care provided. We spoke to the registered manager and 1 staff member. We also spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 care records and plans. We looked at 2 staff file's in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager had not always ensured staff were safely recruited. Relevant recruitment checks were not always completed before staff started work. We saw gaps in recruitment files, such as incomplete application forms and no interview notes on staff files.
- The registered manager did not undertake a medical history for staff. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and including staff from black and minority ethnic groups were not identified.
- Disclosure and Barring Service [DBS] certificates for 2 members of staff were received from their previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was no evidence to demonstrate the DBS update service had been accessed or an 'Adult First Check' completed. A risk assessment had not been completed to assess and manage these risks.

The registered manager had not completed the appropriate checks to ensure staff were recruited safely. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. A relative told us, staff had never missed a visit.

Using medicines safely

- We looked at the medicine administration records [MAR] for people living at the service and found improvements were required to the service's medication practices.
- The registered manager told us they recorded when medicines were given on a medicines administration record (MAR). However, exact timings for when medication needed to be administered were not recorded on the MAR Chart. They had been recorded as 'morning' and 'evening'. The exact time of administration should be recorded so that the appropriate gaps between doses are maintained. Not documenting the exact time when medications were given can also make it difficult to track the effectiveness of the medication.
- A person was prescribed with a cream which needed to be applied regularly, however, this was not recorded on the MAR Chart. Following the inspection, the registered manager told us they would include all prescribed creams on the MAR chart.
- A person was given an additional dose of medication and this was not identified during the registered manager's audit. The registered manager told us they completed a weekly medicines audit but did not keep

a formal record.

- A monthly medication audit was completed however, these lacked detail and did not include any action plans, timescales for completion or staff identified as responsible for the outcomes. This meant the registered manager did not have clear oversight of the safe management of people's medicines.

Although we found no evidence that people had been harmed, the safe management of medicines was not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would improve their medicine audits to ensure there was a robust system in place to identify any shortfalls.
- Staff administering medication had received medication training. Medication competency assessments were completed for all staff administering medication.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. However, the risk assessments were incomplete, lacked detail and did not highlight what action staff should take to mitigate any future risks. For example, 1 person who was at risk of choking did not have a choking risk assessment in place which meant staff would not know how to support the person and this could potentially leave the person at risk.

We recommend the provider refers to current guidance to ensure risk assessments are regularly reviewed to ensure they contain important information and remain up to date.

- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible records, and stored them securely. The registered manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People we spoke with told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any form of abuse and I would take immediate action. I would know who to report to and I would continue to escalate further if I needed to."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) which was replenished whenever required.
- Relatives told us staff always wore PPE when undertaking visits to them at their homes.

Learning lessons when things go wrong

- No accidents or incidents had been recorded at the time of inspection.
- The registered manager had responded promptly to the feedback from the inspection and told us they had shared information with staff about how to make improvements to the service.

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.

Staff support: induction, training, skills and experience

- The registered manager had processes in place to ensure all staff received an induction. Staff told us they were supported with an induction when they first started working. One member of staff told us, "The induction really helped me prepare for the role and I found it very helpful." We saw evidence of an extensive induction kept on staff files which included shadowing.
- Staff received support in the form of continual supervision, spot check visits and recognition of good practice. A member of staff told us, "My manager is very supportive and I have regular supervision."
- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs. A relative told us, "Staff understand [relative] really well. They know what they are doing and have the right training to support [relative]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's care records contained limited information about how to support them with their eating and drinking needs and what their preferences were. The registered manager told us they will update and include this information in the support plan.
- Prior to the start of care provision an assessment of people's care needs and home environment was completed by the registered manager. A relative confirmed this.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. For example, one person's care plan recorded their specific religious observance needs and how these were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Any health issues and staff contact the family straight away."
- Staff had practical information to support people with their healthcare needs.

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.

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People, and where appropriate their representatives were involved in all decisions related to people's care.

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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A person told us, "[Staff] are respectful and caring. I have no complaints."
- Staff were focused and attentive to people's emotions and support needs. A relative told us, "My [relative] really likes the carers. They are lovely people, and I am very grateful we have them."
- Staff were able to tell us about people's preferences and how they liked to be supported. A member of staff told us, "I enjoy talking to people and understanding what they like or dislike. I read the care plans and speak to families to see how I can support them."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "Staff are consistent and know exactly how to care for my [relative]. The registered manager is very caring and always checks in on my [relative] regularly."

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

- The registered manager worked closely with people and their relatives to ensure their care was tailored to match their needs and we saw evidence of this in their care plans.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us, "They involve us in all aspects of care planning. My [relative] makes suggestions and they do listen."

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was always respected. Records were kept securely.
- Staff treated people with dignity and respect. A relative told us, "Staff are kind and caring. They are very considerate and supportive."

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 always met.

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

- People's care records were personalised but incomplete and contained limited information. For example, the care plans did not contain a picture of the person, their likes, dislikes or their medication details. No information was available about people's life history. This meant new staff new or unfamiliar staff may not have all the important information available.

We recommend the registered manager considers current guidance to ensure care records are detailed, person centred and contain all important information.

- The registered manager knew the importance of ensuring people and their representatives and/or family were involved in the planning of care provided.
- The registered manager told us, "We carry out assessments to see if we can meet people's needs, we will not agree to support someone if our assessments identify we are not the right service for them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- The service had a policy on how to manage and record complaints.
- The registered manager told us no formal concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority or others since the domiciliary care service became operational. This concurred with information held by the Care Quality Commission.
- A person told us, "I have never had to make a complaint, but if I did have to, I would know who to raise it with."
- A record of compliments was not maintained at this time to demonstrate the service's achievements.

End of life care and support

- There was limited information in the support plans we reviewed relating to people's end of life wishes. The registered manager told us they will review this and look at incorporating more detail about people's wishes.
- The provider worked in partnership with other health professionals, such as the GP and palliative care team to support people's care needs when required.

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

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

- The quality assurance and governance arrangements in place were not always effective in identifying shortfalls in the service.
- Audits were ineffective and not reviewed regularly. For example, the manager's audits had failed to identify the concerns we found with the management of medicines and staff recruitment files. We did not find any impact on people, but improvements were needed to minimise risks as the service grew.
- An audit to monitor call times was in place but this did not include any action plans attached or timescales for completion or staff identified responsible for the outcomes.
- The registered managers checks had not identified that people's risk assessments were incomplete and lacked detail. This meant risk assessments were ineffective and could potentially put people at potential risk.

Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager and nominated individual spend a lot of their time supporting people in their homes alongside staff. However, the registered manager is now recruiting a team leader which will allow the registered manager to spend more time in the office to effectively manage the day to day running of the service.

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

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about trainings.
- The registered manager sought regular feedback from relatives and the people they supported. This feedback was used to improve the care provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- The service had a small staff team who worked closely together. Staff told us they felt supported in their role by the registered manager.

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager told us they are always discussing how to move forward and improve the service.
- The provider worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although we found no evidence that people had been harmed, the safe management of medicines was not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

