Rossycare 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

At our previous inspection undertaken on the 23, 31 August and 8 September 2017, we found breaches of regulatory requirements. These related to Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service received an overall rating of 'requires improvement'. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to ensure regulatory requirements were met. You can read the full report from our last inspection by selecting the 'All reports' link for Rossycare Limited on our website at www.cqc.org.uk.

During this inspection in October 2018, we checked the actions and improvements the provider told us they would make to achieve and maintain compliance with the fundamental standards under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and the overall rating for the service was 'good'.

Rossycare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection, fifteen people were using the service, of which three people were in hospital.

The service had a registered manager who was also an owner of the business. 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.

People told us they felt safe receiving care from the service. People received care and treatment that was planned and delivered in a way that was intended to ensure people's safety and welfare. Safe recruitment processes were in place, including appropriate checks, to ensure staff were suitable for their roles. Staff were trained in recognising abuse and how to report any concerns. There were enough staff to meet the needs of people. There were effective infection control practices in place to mitigate the risk of the spread of infection.

Newly appointed staff received an induction to the service and received on-going training, supervision and support to enable them to effectively fulfil their roles and responsibilities. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people to have maximum choice and control over their lives. The policies and procedures in the service support this practice. Where required, people were supported to meet their nutritional needs.

Staff were kind and caring and people were treated with dignity and respect. People's independence was promoted and they were encouraged to do as much as they could for themselves. People and, where appropriate, relatives were involved in the care planning process. Care plans provided clear guidance to

staff on how people wished to be supported.

There was an effective complaints system in place. People's views on the quality of the service were encouraged to support continuous improvements. Where end of life care was provided, this was done in a compassionate way.

People and staff thought the service was well run. Staff felt valued and enjoyed working at the service. The registered manager promoted a positive, transparent and open culture. There were effective quality monitoring systems in place to help drive improvements.

Further information is in the detailed findings below.

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.

People were cared for by staff who had been safely recruited.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff were trained in keeping people safe from harm and knew how to report any suspected signs of abuse to ensure people's safety.

Effective infection control processes were in place.

Is the service effective?

Good

The service was effective.

People's needs were assessed to ensure these could be met by knowledgeable and skilled staff.

Staff received and induction to the service and on-going training, supervision and support to enable them to deliver effective care to people.

Staff understood the principles of the Mental Capacity Act 2005 (MCA).

When required, people were supported to access health care services and supported with their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff knew people well and were kind, compassionate and respectful, and treated people with dignity and respect.

People's independence was promoted.

People were involved in their care planning and how they wished to receive support.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflected people's current care and support needs.

There were effective systems in place to deal with concerns and complaints.

The service was able to support people at the end of their lives.

Is the service well-led?

Good

The service was well-led.

There were processes and systems in place to monitor the quality of the service.

The registered manager had developed positive relationships with people, relatives, staff and health and social care professionals.

The views of people, relatives and staff were sought to drive continuous improvement.

Rossycare 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.

The inspection of Rossycare Limited took place between the 2 and 4 October 2018 and was announced. We gave notice of the inspection visit because the location provides a domiciliary care service to people living in their own homes and we wanted to make sure someone would be available to speak with us. We visited the office location on the 2 October 2018. On the 3 and 4 October 2018 we made telephone calls to gain people's views on the service. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed the information the provider had sent us in the 'Provider Information Return' (PIR). The PIR is information we require registered providers to send us, at least annually, to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service, such as statutory notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used the intelligence we held about the service to plan what areas we were going to focus on during our inspection.

During our inspection, we spoke with three people using the service, the registered manager and provider. We received feedback from five members of care staff and one health care professional.

We looked at a range of records including three people's care plans and three staff recruitment and support records. We also looked at the arrangements for managing incidents and accidents, staff training records, rostering information, complaints and compliments and quality assurance information.

Good

Is the service safe?

Our findings

At our last inspection in August 2017, we rated this key question as 'Requires Improvement' and identified a breach of Regulation 19 [Fit persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of Regulation 19. This key question is now rated 'Good'.

The provider followed safe recruitment practices. Since our previous inspection, improvements had been made to help make sure the right people were employed. This included ensuring appropriate checks were undertaken such as obtaining references, proof of identity, exploring gaps in prospective employee's employment histories and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A DBS check helps employers to make safe recruitment decisions.

Since our last inspection, improvements had been made by the provider regarding the management of risks. Risks were identified as part of the care planning and assessment processes and included environmental risks in people's homes as well as the individual risks to people, such as those associated with people's health and welfare. Where potential risks had been identified, guidance was available to staff on how these should be managed. For example, in relation to catheter care and percutaneous endoscopic gastrostomy (PEG). PEG feeding is used as a means of feeding when oral intake is unsuitable, for example due to dysphagia (swallowing difficulties).

People told us they felt safe using the service. One person said, "I trust, and feel safe when the carers are with me." A health care professional told us, "If there are difficult situations they keep us informed and we work jointly to resolve the issues, they bring solutions and enable us to commission safe care."

Staff had received safeguarding training and understood their responsibilities to report any concerns if they suspected or witnessed abuse. One member of staff told us, "Carers must never cover up a safeguarding issue. If I felt someone was at risk, I would immediately inform my manager and if necessary, they will tell the local council, CQC and the NHS or the police." The service had systems in place to record safeguarding and other incidents and accidents including lessons learned. However, the registered manager told us, and records showed, there had been no incidents or safeguarding concerns since our last inspection.

There were enough staff available to meet people's needs. The provider told us there had been no late or missed visits and people confirmed they had never experienced missed calls and staff stayed for the allocated visit time. People received support from regular care staff who knew them well and gave them the time they needed as well as continuity of care. One person told us, "I have a regular team of carers and they arrive on time and stay for the time they should; they're great." Staff also confirmed to us they felt there were enough staff to meet the needs of people safely. The provider informed us they were in the process of implementing new technology which would enable them to monitor call times more effectively, including being alerted to any late or missed visits. The new system would include staff scanning their mobile telephones on arrival and departure in people's homes. The provider told us as the business develops the new technology would be instrumental in ensuring robust monitoring of rostering and call visits. The

provider had a 'Red, Amber, Green' (RAG) system in place so, in the event of emergencies such as adverse weather or traffic congestion, priority is given to people with more complex needs.

Staff had completed training on administration of medicines. However, we were informed by the registered manager no one currently using the service required support with their medicines. This aspect of their care was undertaken independently by people themselves or they were supported by their families.

There were systems in place to protect people from the risk of the spread of infection. Staff had received infection control and food hygiene training and an infection control policy was in place which provided staff with information relating to infection control. Staff received adequate provision of personal protective equipment such as disposable gloves and aprons. We noted the provider had, following feedback from staff, provided shoe covers to wear in people's homes.

Good

Is the service effective?

Our findings

At our last inspection in August 2017, we rated this key question as 'Requires Improvement'. We found improvements were required to ensure effective systems were in place to make sure staff had received relevant training and had the competencies, skills and knowledge to meet people's needs. We also found not all staff understood the principles of the Mental Capacity Act 2005. At this inspection, we found improvements had been made and this key question is now rated 'Good '.

People's individual needs were assessed prior to them receiving care from the service. This ensured their needs could be met by staff who had the right skills and training and included how care was to be provided.

Newly employed staff received an induction when they started work at the service which provided them with the skills and confidence to carry out their roles and responsibilities. The induction training was linked to the Care Certificate standards. The Care Certificate is a set of nationally recognised standards within the care sector. One member of staff told us, "Being domiciliary care it can be impossible to actually have your induction in the client's home, but the induction I received was extremely helpful, insightful, informative and educative. It gave me a general idea on how best to work with the diverse clients whilst personalising individual care. I shadowed and worked with experienced staff and had one to one discussions, for example about the policies etc."

On-going training and support was provided to staff to enable them to have the skills and knowledge to meet the individual needs of people. From our discussions with the provider it was clear they placed importance on ensuring staff were well trained and encouraged them to develop their qualifications. This view was shared by staff. One member of staff told us, "Client's needs are always changing, so there's always need for training. I currently have all the training I require and my manager is always open on sending me on training should the need arise." We noted specialised training such as neurological conditions, brain injury, chronic regional pain syndrome, motor neurone disease, sclerosis and autism had been incorporated into the service's improvement plan to ensure staff were fully trained and able to meet people's needs. A staff survey undertaken in February 2018 showed 26% of staff strongly agreed, and 68% of staff agreed, they were able to access specialist training to meet the needs of people using the service.

Staff told us they felt supported by the registered manager and provider and told us they could approach them at any time for support and guidance. Staff received regular supervision and spot checks of their practice by the registered manager who worked alongside staff in the delivery of care. Staff were also provided the opportunity to reflect on their practice and performance through yearly appraisals.

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 the mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in the MCA and understood the importance of giving people choices and gaining their consent before providing care. One staff member told us, "I am aware that if there are any

issues that concerns capacity, I will flag it up for a reassessment to be done by professionals. From my experience and training, I am aware the best interest of the person is paramount in any decision; all possibilities must be explored, an assumption of no capacity is not allowed." People confirmed to us they were always offered choices by staff and their decisions were respected. This showed us people's rights were protected.

Where required people were supported to access health care services. The registered manager told us they were able to provide a flexible service to suit people's needs, for example if they had to attend hospital appointments. One person told us how staff helped them by calling an ambulance when they were unwell. The service worked with health care professionals in assessing, planning and reviewing people's care and treatment. We saw feedback from a health care professional, which stated, 'The carers have provided outstanding care for this individual. They have worked closely with and supported the nurses well during dressing changes and personal care.' Another health care professional told us, "We find [the service] very approachable, they work very hard with very complex packages of care."

Where required people were supported with their dietary needs.

Good

Is the service caring?

Our findings

People told us they were supported by kind and compassionate staff. One person told us, "Staff are lovely and friendly, I get on with all of them. They are more like friends than carers." The service had received numerous compliments regarding the caring attitude of staff. This included, 'I am lucky to have two of the best carers in the business. They are superior, never ever seen a bad look or anything to grumble about. They are thorough, kind, excellent company and we are always pleased to see them. They will always be welcome in our home and we look upon them as friends not just carers.' We noted a health care professional had stated, 'I have had the opportunity of working alongside your carers at [person's name] on several occasions now and felt the need to let the agency know what wonderful carers you have working for you. They are an asset to Rossycare. I have found them to be 'true carers' they are polite, courteous, respectful team members when working with the nursing staff. They show kindness and empathy with the patient and family and go the extra mile to make sure everyone is supported.' Notwithstanding the above, one person told us they felt their carers did not always effectively communicate with them whilst providing their care. With the person's permission, we discussed this with the registered manager who informed us they would speak with the person to find out further information and how they could improve the person's experience of the service.

People told us staff treated them respectfully and maintained their privacy dignity. Staff understood the importance of respecting and maintaining people's rights. One member of staff told us, "For me, being treated with dignity is a fundamental human right and should never be an optional extra. We call people by their preferred name. We work in partnership with service users with the understanding that everyone is unique. During personal care, we respect the individual's privacy and communication goes between carers and service users to explain what we are about to do."

People were involved in making decisions about their care and enabled to express their views and preferences. People told us their support needs were discussed with them and they had care plans in place. One person told us, "I do have a care plan and I'm involved with it. If there needs to be any changes they come out and sort it straightaway, they're very good like that." We noted people's diversity needs were respected and included in their care plan, for example in relation to gender, faith and disability. Records showed staff had been trained in equality and diversity.

Peoples independence was promoted. One person told us how they required support from staff with personal care. They told us staff did not 'take over' and would help them to wash areas they were unable to do themselves. They went on to explain how this was important to them and not only preserved their dignity but promoted their independence.

The service had information available on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one using the service was currently accessing advocacy.

Peoples records were stored securely and on-line documentation was password protected. Staff

understood the importance of respecting people's confidential information. The provider had also provided staff with guidance following the implementation of the General Data Protection Regulation (GDPR) in May 2018.

Good

Is the service responsive?

Our findings

At our last inspection in August 2017, we rated this key question as 'Requires Improvement'. We found care plans had not always reflected people's individual needs clearly and how these were to be met. Furthermore, not all people were aware they had a care plan or knew how to raise a complaint. At this inspection, we found improvements had been made and this key question is now rated 'Good'.

Prior to people using the service, a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to develop people's care plans. People's needs were reviewed on a regular basis or sooner if people's needs changed. We saw feedback received from a relative which said,'[Registered manager] was so helpful when we needed night care for eight days and is always helpful when carers need to be shown how to do things differently to meet the changing needs of [name of person].' The service kept a hospital admissions record folder. This recorded relevant information, including people's hospital discharge notes. The registered manager signed off individual records to confirm that people's care plans had been reviewed and, if necessary, updated following hospital discharge.

Staff recognised the importance of sharing information effectively to ensure people were provided with consistent personalised care. One member of staff said, "The manager starts [people's] care packages with you, discusses the care plan and introduces you to the family. There is ongoing communication on updates on how the work is going." Another said, "Communication is a very vital part of the job. I will say we communicate well as the client's care depends on it."

People were supported to maintain links with the local community thereby reducing the risk of social isolation. The registered manager told us if needed call visit times were flexible to accommodate people's social commitments. This was evidenced in feedback received from a relative which stated, "Mums carers are friendly and thorough. They are flexible to help if we are going out."

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded sensory and communication needs. The manager confirmed they would always ensure appropriate formats would be sourced specific to people's individual needs if required such as large print, pictorial, braille and translation services to ensure there were no barriers to communicate with people effectively.

There were systems and processes in place to manage complaints. Information on the service's complaints process was clearly displayed. All complaints were analysed, including 'lessons learned'. People told us they felt confident to speak with staff about any issues that might be concerning them. One person said, "I spoke with [name of carer] about something I wasn't happy with. They will sort it out I'm sure. If they didn't, I know I can contact [registered manager]." Where complaints had been received, these had been dealt with in a timely way.

People were supported at the end of their life. We noted the service had signed up to attend the local authority's 'End of Life Care Hospice Training Programme' in November 2018. This initiative is specific for domiciliary care providers. The training is provided by a local hospice to further educate and increase confidence for domiciliary agencies who work with individuals who are approaching or receiving end of life care and to forge strong relationships with local hospices. We saw many letters of thanks from families about the care provided to their loved ones at the end of their life. Feedback included, 'Thank you for the care you gave to my [name]. You honestly could not have done any more for him than you did. You also showed care and sympathy to the whole family. [Names of carers] are amazing ladies with very big hearts.' And, 'Thank you for looking after [name of person]. I am writing to tell you what a wonderful carer [name] was to my wife. She was compassionate and caring as well as being efficient, [Name of person] thought a lot of them.'

Good

Is the service well-led?

Our findings

At our last inspection, we rated this key question 'Requires Improvement' and identified a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements were required to ensure quality assurance systems were being used effectively to monitor the quality of the service and drive improvements. At this inspection, we found improvements had been made and this key question is now rated 'Good'.

The service requires, and did have, a registered manager. Since our last inspection an administrative assistant had been recruited to support the registered manager with the day to day running of the service.

The registered manager and provider told us that our last inspection of the service had helped them to review and make improvements as well as embedding quality assurance systems to enable a solid foundation on which to grow the service. This included the development of a service improvement plan to support continuous improvement. They went on to say, "We have been working extremely hard to meet with regulations. Over the next six months we will be focussing on doing more professional development in preparation for the future of the business, and being more creative into what is best for our service users. For example, we are looking at creating a response team working overnight, as we have noted some service users need immediate response such as pad changes. By creating an overnight response service, it would be good for our service users as we are aware of their needs and will be able to provide continuity of care." We saw quality assurance systems were now being used effectively which provided clearer oversight and governance. We noted, where required, documentation had been adapted to better suit the needs of the service and compliance with fundamental standards.

The registered manager demonstrated their passion and commitment to providing person centred care and ensuring people received good quality care. Staff shared the provider's vision and values, enjoyed working at the service, felt valued and understood their roles and responsibilities. One member of staff told us, "I do understand my roles and responsibilities, it's made clear during induction and ongoing. Where I have a dilemma, I will contact my manager directly on the emergency line for clarification. I feel valued and that is why I am still with Rossycare." Staff told us morale was high; comments included, "The morale is great. I am sure I speak for all other employees when I say we feel valued. Gratitude is constantly being expressed by management and this motivates us to give our very best." And, "Team morale is excellent as staff feel free to speak out their feelings. The manager is always around and encourages open communication." The provider had introduced an 'employee of the month' scheme and records showed staff were presented with a high street voucher in recognition of 'going the extra mile'.

The registered manager promoted a positive culture that was open and inclusive. Staff's views and suggestions were valued and acted upon. Records showed meetings had been held with office staff and management however no care staff meetings had taken place. The registered manager explained as they worked alongside staff on a daily basis, information was shared and discussed with all staff. They went on to say as the service grows they would be making arrangements to ensure formal staff meetings were held.

People's, relatives' and external stakeholders' feedback on the service was encouraged. The provider checked the service was meeting people's needs through regular reviews of care plans, daily interactions with people and relatives, staff spot checks and questionnaires. Records showed people were happy with the care and support they received from the service. People told us the service was well managed. One person said, "[Registered manager] is lovely. Yes, I do think the service is managed well." A health care professional told us, "[Rossycare] have supported us in providing emergency provision. At patient reviews we are informed that they provide excellent care, there are at times some difficulties in managing family and patient expectations but [registered manager] always works hard to resolve this with us if needed."

The registered manger had developed links with other organisations to enable them keep up to date with best practice and attended local provider forums. They also kept themselves updated by researching websites such as Skills for Care and CQC.