Rosecarolinkcare Ltd

Rosecarolinkcare

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

This inspection took place on the 13 July 2016 and was announced.

Rosecarolinkcare Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were 18 people using the service. People's packages of care varied dependent upon their needs.

The service had a registered manager. 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.

The registered manager told us that the people they support in some instances require support for a period of time following discharge from hospital, whilst others receive on-going and continued support.

People were supported in their own homes, and representatives of people using the service told us they believed people were safe and comfortable and were happy with the service being provided. Systems were in place to ensure that people who used the service were protected from the risk of abuse. The provider, registered manager and staff had received training in safeguarding adults from abuse and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People were supported by a consistent team of staff who supported them and whom they felt confident with. Staff had good knowledge and insight as to the people they cared for and spoke passionately about the support they provided and about their professional working relationship.

People, and in some instances family members were involved in the developing and reviewing of care plans, which had been signed by them. In addition people had been provided with information about the service being provided.

People were offered support in a way that upheld their dignity and promoted their independence. Care plans were written in a personalised way based on the needs of the person concerned to ensure the staff had information on people's preferences so that the care and support provided maintained people's independence and promoted their choices.

Staff were trained and supported people with their medicine as required. People were supported where required, to liaise with external healthcare professionals and other agencies in order to ensure their healthcare needs were fully met.

Systems were in place to ensure that people were supported by staff that were of good character and able to carry out the work. Staff received on-going training, and met with the provider or registered manager to

discuss their work and talk about the health and welfare of those they supported.

The provider was in the process of identifying a computer software programme that would support care management and compliance through the provision of a framework to enable them to audit the quality of the service being provided.

Staff, along with representatives of people using the service spoke positively about the provider and registered manager and their management of the service.

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 is safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

Is the service effective?

Good

The service is effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

The registered manager had an understanding of the Mental Capacity Act 2005 and how it applied to people in their own homes.

People were provided with support, where required, to meet their dietary requirements, which included the preparation and cooking of meals.

Staff liaised with health care professionals where necessary to support people's health and welfare.

Is the service caring?

Good

The service is caring.

People were supported by a consistent group of staff.

People or their representatives were involved in the development and reviewing of care plans, which recorded their involvement and decisions.

People were supported by staff that were committed to the promotion of people's rights and who listened too and respected people wishes.

Is the service responsive?

Good

The service is responsive.

People's needs were assessed prior to receiving a service and were regularly reviewed. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People had access to information advising them how they could raise concerns.

Is the service well-led?

Good

The service is well-led.

The provider and registered manager and staff had a clear view as to the service they wished to provide which focused on enabling people to remain in their own home.

The service was managed well as the provider and registered manager had direct oversight of the service.

The provider and registered manager had a positive professional relationship with those who used the service, their family members and representatives, enabling and providing opportunities for them to comment on the service.

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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 was 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 the 13 July 2016 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned.

We reviewed the information that the provider is required to send us by law which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with four family members of people who used the service to seek their views about the service. We spoke with the nominated individual (provider), the registered manager and four members of the care staff team.

We sought the views of commissioners from the local authority responsible for funding some people who used the service.

We looked at the records of the four people who used the service, which included their plans of care, risk assessments, medicine administration records and records detailing the care provided. We also looked at the recruitment files of four staff and a range of policies and procedures.

Good

Is the service safe?

Our findings

Family members we spoke with told us that they felt their relatives were safe when being cared for by staff. A relative told us, "I have every confidence in the staff, with regards to my wife's safety."
The provider gave people a copy of the 'Service User Guide', which included information as to how risks were assessed. The guide contained clear information as to the rationale for assessing risk and people's involvement in the process with a view to minimising risk for both themselves and staff. Family members confirmed they had received a copy of the guide.

Staff we spoke with told us how they supported people individually to stay safe. Staff said they promoted people's safety when supporting them with their personal care, which in some instances involved the use of equipment, for which staff had received training as to how to use safely.

People's records included assessments where potential risks had been identified, for example where a person remained in bed, which meant there was a potential for the person to develop areas of redness or a break down in the skins integrity. The risk assessment instructed staff as to how to provide personal care, which included ensuring the person was dry after being washed and that cream was applied to promote the condition of the person's skin. Evidencing how potential risks were managed, promoting people's wellbeing and safety.

People were supported by staff who understood how to provide safe care and reduce risks. A member of staff told us they supported a person's safety whilst encouraging their independence by providing an opportunity to encourage them to walk. The staff member told us, "We use a rotunda (piece of equipment) to help [person's name] when we need to move her; however we encourage her independence by asking her to walk a few steps on her good days."

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them consistent with information provided within the PIR. These were recorded in people's care plans. For example, some people were at risk due to their physical health. We saw clear guidance for staff as to the care and treatment people were to receive and how this was to be provided. This included specific and individual information supporting people's personal care and the use of equipment and the number of staff required. Risk assessments for equipment such as profile beds, moving and handling equipment such as hoists instructed staff to ensure equipment was safe prior to use, by identifying whether the equipment had been serviced by the relevant company. Staff were required to report any concerns regarding equipment to the manager. When we spoke with staff they were aware of their responsibilities in checking equipment prior to its use, thus promoting safety.

People's care plans provided clear information for staff on the security of people's homes, upon arrival and departure, which included a key safe where people were unable to answer their door. A key safe is a secure method of externally storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home. Staff we spoke with confirmed that they ensured people's homes were safe and secure as detailed in people's care plans.

We saw environmental risk assessments of people's homes had been completed which ensured information was available for minimising risks and hazards when working in people's home. This included information for staff as to the location of emergency cut-off switches for essential supplies such as water and gas, so that staff would be able to respond in an emergency. A member of staff told us how they had contacted emergency services when arriving at a person's home an alarm could be heard.

We asked staff how they would respond if they arrived at a person's home and found a person to be unwell. Staff told us in an emergency situation they would contact emergency services, notify the person's next of kin and inform the registered manager. If it was a non-emergency situation staff told us they would support the person by asking them what assistance they required and where appropriate liaise with their next of kin or health care professional and inform the registered manager.

A person's records evidenced how staff had responded when they found potential for someone's welfare and safety to be in doubt and the action they had taken. When staff arrived at the person's home to find they were not in, and contacted the person's relative who advised them that they had a health care appointment.

The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding and received regular updates so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies.

We found the registered manager had acted appropriately where they had identified concerns about a person's vulnerability and the potential harm being caused. A safeguarding referral was made to the local authority. During the period of time where the concerns were being considered, the level of care being provided was reviewed to increase the frequency of visits to the person, to help promote the person's safety and welfare.

Records confirmed staff had received training on a range of topics linked to the promotion of health and safety of people they cared for and themselves. People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed before staff worked at the service. This meant people could be confident that staff had undergone a recruitment that ensured staff to be suitable to work with them.

We found there to be sufficient staff to meet people's needs and keep them safe. The rota for staff was distributed to them on a weekly basis. Family representatives of people we spoke with told us in the main they were supported by staff that they were familiar with. Where there was a gap in staffing through annual leave or sickness, this was met by using staff that were familiar with the people requiring care and support, which meant people continued to receive consistent care and support.

We found people's medicine was managed safely where assessments of need identified they required support in taking their medicine. People's whose records we viewed managed their own medicines and where assistance was required by staff, people's care plans identified the responsibility of staff was to remind people to take their medicine. Staff had received training on the management of medicines. People's care plans provided clear information as to the medicine people were prescribed and their involvement in the ordering and administering of their medicine.

Good

Is the service effective?

Our findings

Family members we spoke with were complimentary as to the skills and knowledge of the staff and their ability to provide care. Their comments included, "The staff who visit my father know the support he needs and they understand how to provide care in the manner of his choosing." "Staff appear competent, they are able to provide the support my wife needs."

Staff upon commencing their employment had a period of induction, which included training in a range of subjects to enable them to provide effective and safe care to people. As part of their induction staff accompanied experienced staff or the registered manager on visits to people's homes to observe the care being provided. These visits were used as an opportunity to introduce the person to the member of staff. Staff spoke with us about their induction, telling us that they 'shadowed' experienced staff, before providing the care themselves and were observed by the registered manager to ensure they were competent. Staff comments included, "I worked alongside the registered manager when I started, she observed me provide care to all the people I was required to support, before I worked unsupervised".

The registered manager had recently introduced 'The Care Certificate', which is a set of standards for care workers that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. Staff we spoke confirmed they had recently working towards the certificate.

Staff said following their induction they received on-going training, supervision and appraisal. Staff told us that their supervision in some instances was on a one to one basis, where there training was discussed, whilst other supervision was observational, where their delivery of personal care and interaction with people was assessed by the registered manager. Staff records evidenced staff received regular supervision and guidance to ensure that they were providing care reflective of people's needs. Staff told us that the feedback they received was constructive. Staff told us, "I was commended for my timekeeping." And, "I received feedback from [registered manager name] that she had received positive feedback from people who used the service about me." Staff said that welcomed the feedback as it enabled them to develop and improve their practices.

We found communication was effective, staff were provided with a weekly rota which advised them who they were visiting each week and at what time. Staff told us that they worked in geographical areas, which meant they supported people who they knew. Staff said that meetings took place and any individual concerns were highlighted to the registered manager to ensure an effective response if staff had concerns about people's health or welfare.

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 and applications must be made to the Court of Protection. We found there to be no restrictions in place.

We checked whether the service was working within the principles of the MCA and found the registered manager had undertaken training and was aware of their responsibilities. People's records evidenced where people had the capacity to make decisions for themselves; and staff recorded decisions made by people about their day to day lives. For example; where people had said they did not want a shower or had declined a meal.

A family member told us staff encouraged their relative to take the nutritional supplements, which they had been prescribed. Staff we spoke with were aware of the needs of people who they supported with regards to their nutritional needs and we found people received the appropriate support. We saw the dietary preferences of people were clearly set out in their care plan with regards to their likes and dislikes. Where people were unable to independently access food and drink information was included in people's care plans for these to be left close to them so that they could serve themselves.

Staff supported people to maintain their health and followed the guidance within people's care plans, with regards to their personal care and nutritional needs. Care plans and risk assessment required staff to report any concerns about a person's potential deterioration in health and welfare to the registered manager, who would then liaise with the person's family or health care practitioner as appropriate, showing an effective system in supporting people with their health.

The PIR referred to the links the provider and registered manager had with health care professionals. Specifically to those who assessed and provided equipment to facilitate people's mobility and independence, such as aids to assist with moving, such as hoists and walking aids.

Good

Is the service caring?

Our findings

We spoke with family members of people who used the service, they told us their relatives spoke positively about the service they received, saying, "[person's name] is very happy with the care, we have no criticisms." And "The consistency of care staff means we've all gotten to know each other. The staff have a positive attitude to care and we have no concerns".

We asked family members what the service meant to them and their relative. They told us, "As care is not something I would personally wish to do, it means a lot to me. As I know her needs are met." And "For my father it means his personal care needs are met and he can remain in home, with a lifestyle of his choosing." Family representatives also spoke of good time keeping and staff attitude and approach, which they said was important to them and their relative as it showed staff cared about their work and the people they cared for. "Staff arrive on time and are friendly and talk to her."

The provider had received compliments about the service, through it quality assurance process and through thank you cards and letters. Comments written included. 'I have no complaints with the staff of Rosecarolinkcare they are all willing to help me when I need it." 'The carers are all kind and attentive. After a few teething problems, we all work together as a team. Using a note pad to pass on any messages.' 'I always found them very kind and helpful and I always looked forward to seeing them.' And. 'Rosecarolink have excellent staff both in the office and working as carers. No complaints whatsoever.'

People's care plans contained information that was important to the person receiving care, which included their preferences and wishes. All aspects of people's views was evidenced, which included where staff went the 'extra mile' to support people's well-being, which in some instances included staff helping to care for their pets by letting it out into the garden or its feeding.

People's privacy and dignity was respected by staff who understood that they were supporting people within their own homes and that their role was to provide support whilst respecting people's lifestyle choices. Staff told us how they promoted people's privacy and dignity when providing personal care, which included ensuring curtains were closed. The daily records completed by staff recorded that staff greeted people upon their arrival in their home and spoke with them about their care, consistent with the guidance in people's care plans and showed the importance of developing trust with people they cared for.

The provider was open an honest about access to information. They gave to people a copy of the 'Service User Guide', which included what people could expect with regards to their privacy and confidentiality. The document detailed where information may have to be shared with others, including health care professionals, commissioners of services and regulatory bodies such as the Care Quality Commission.

Good

Is the service responsive?

Our findings

To facilitate people's timely discharge from hospital to their home, a copy of the person's assessment of need undertaken by a social worker was forwarded to the registered manager via social services. The registered manager liaised with the external agencies so that they knew when the person was being discharged to their home. The registered manager once the person had returned to their home undertook a visit, often on the day of their return home, to meet the person to discuss with them the support they required. A document entitled 'My Personal Needs and Risk Assessment' was completed with the person's involvement or that of their representative. This timely response enabled the person to return to their own home, confident that a package of care and support was in place.

A person who had been discharged from hospital and who had been referred to the service for recovery and recuperation upon their return home wrote to the registered manager about the services impact on their recovery. 'All carers were considerate and did everything I requested. As a result I was able to concentrate on exploring my ability to walk sufficiently well, to be able to return to my abilities before my recent accident and hospital stay. Thank you.'

Family members told us that their relative had a copy of their care plan at home and that their needs where required were reviewed by the registered manager. One family member said. "We were involved in the initial care plan, there hasn't been any changes and therefore no review required."

People who used the service had their care plans reviewed by the registered manager, with the involvement of themselves and a family representative in some instances. People had signed their care plans, evidencing their involvement and agreement. People's plans were person centred and had sufficient detail to give a good account as to their preferences and needs. Staff we spoke with had a good understanding of people's preferences with regards to their daily routine, likes and dislikes and they supported people consistent with their care plan.

People told us they were confident to raise concerns. One person told us they had raised concerns about specific aspects of their relative's care and that as a result, they had noted improvements within the last month with regards to the care received. This demonstrated that the registered manager acted on people's comments.

A copy of the 'Service User Guide' contained information about raising a concern or complaint. The registered manager told us they had not received any formal complaints within the last 12 months and we found no records of complaints being made. The PIR stated the provider and registered manager continually speak to people who use the service or their representatives, providing an opportunity for people to compliment or raise concerns about the service.

Good

Is the service well-led?

Our findings

We found that opportunities were given to people to influence the service they received through their participation in reviews of their care enabling any changes to be made, for example an increase in the package of care provided. The results gathered by the provider from the questionnaires they had sent to people, highlighted people were satisfied with the service. A family member confirmed that they had on occasions been asked to provide feedback, and they told us, "Everything ran smoothly from day one."

The provider had a contract with an external company who supported them with various aspects of the service, which include the management of human resources, training and compliance with regulations. The contract for the element of compliance was in its early stages and at the time of the inspection had not been undertaken. The size of the service meant the provider and registered manager were able to maintain a good oversight of the service. The provider and registered manager regularly spoke with or met those who used the service and gained their views when undertaking staff supervision and reviewing people's care plans. We found records to be in good order with regards to those using the service and the staff employed.

We found the provider was actively involved with the service which helped them to assess and monitor the quality of service delivered Staff told us in some instances they worked alongside the registered provider and the registered manager when delivering care. They told us they were always available should they have any concerns about people's welfare and they were proactive in providing guidance when needed. The registered manager has held their position at the service since its registration in January 2013, which meant the service has had continued managerial oversight, which contributed to the continuity of care people have received.

Staff meetings were held, providing an opportunity for staff, the registered manager and provider to discuss aspects of the service. Minutes recorded staff training had been discussed and the importance of recording information accurately and completely.

Staff spoke positively of the provider and registered manager telling us they were supported to undertake their role and that they were approachable. Staff told us, "They're (provider and registered manager) are very good with staff, treat us well. Like a family within the company. Very good." And "Just started (work), but feel confident with them (provider and registered manager), happy working with them and sharing views."

The registered manager was able to demonstrate how they ensured the service provided met people's needs, through their ability to communicate effectively with stakeholders, people using the service and staff, through telephone discussions and the sharing of documentation.

The provider recognised that not all staff had access to a vehicle to enable them to carry out their work and therefore had purchased vehicles for staff to use in such circumstances. This helped in the recruitment of staff, by reducing a potential barrier to people applying for a position.

The provider was in the process of advertising for a care co-ordinator whose role would be oversee the co-

ordination of people's care packages, whilst ensuring there were sufficient staff to meet people's needs. The provider within their PIR had identified an improvement over the next 12 months was to introduce audits of documentation to ensure all records were being completed as per their expectations.

Discussions with the provider, registered manager and information submitted within the PIR identified their planned improvements over the next twelve months, to improve the quality of the service and its management. The provider was in the process of identifying a computer software programme that would support care management and finance systems. The purpose being to facilitate more effective monitoring along with a system that would alert the registered manager should a staff member not arrive at a person's home. This would enable the registered manager to check on the welfare of the staff member, whilst ensuring that the person received the care they had commissioned, by taking appropriate action.