

Rowan Care Services Limited

Rowan Care Services Limited-Wakefield

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 10 November 2015 and was unannounced.

This was the first inspection which had been carried out for this service.

The service provides domiciliary care services to people in their own homes. The people who receive these services have a wide range of needs, some of which are complex and require nursing tasks to be carried out to allow them to remain independent in their own homes.

At the time of our inspection there were 106 people receiving support in the local area surrounding their offices in Wakefield from the registered provider. These service were mainly for adults but did include a small number of children.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We found that the quality of the support being provided was good and feedback from people who used the service was positive and consistent. Staff told us that they enjoyed working for the provider and that they were well trained and supported to carry out their roles.

We saw that care plans were very detailed and were very personalised and catered to individual needs. There were robust risk assessments in place which identified potential risks and clearly showed what had been put in place to reduce or eliminate those risks.

The registered provider kept clear records of the care which had been provided and good records of interactions between office staff and people who used the service, their family members where appropriate, other healthcare professionals and staff.

There were enough staff to meet people's needs and these staff were well trained and understood the needs of the people they attended and how to meet those needs. Staff understood the signs of abuse they needed to watch out for and report, who they should report their concerns to and what the escalation process was if they did not feel that appropriate action had been taken.

The service had safe recruitment processes in place and we saw that these were being followed to ensure that the staff were of good character and suited to the roles they were appointed to.

We found that people had been asked for and gave written consent for the care they were receiving.

Staff were enthusiastic and passionate about delivering good quality care when we spoke with them, and they gave examples of people who had specific cultural and religious needs and how they ensured that these were met.

We found that whilst there was evidence of good communication with people using the service, there was little evidence of regular formal contact with staff in the form of staff meetings, forums or newsletters.

Staff told us that the service was well led and that they found the registered manager to be approachable and supportive, and that they would be confident that their concerns would be dealt with appropriately should they need to raise any.

There was some auditing in the service, which included quality assurance calls being made to people who used the service and other professionals who were involved in people's care. There was however no central point for this information, which meant that it was not possible to analyse the information which was being collected to inform continuous improvement of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood the signs of abuse and could explain the process they would follow to report any concerns.

Accident and incidents were recorded and the records were detailed and showed what action had been taken and what the final outcome had been.

There were enough staff to meet people's needs safely.

Good



Is the service effective?

The service was effective

Staff were well trained and their training was up to date, there was specialist training offered where this was appropriate to meet people's needs and staff were matched to people by their skills and knowledge.

Staff were well supported and received regular supervision and appraisals.

People had signed their care plans to give written consent to the care which they received.

Good



Is the service caring?

The service was caring

People told us that staff were caring and treated them with dignity and respect.

Staff could demonstrate how they were recognising people's specific needs in relation to their cultural and religious needs and how they were making sure these needs were met.

Care plans referred to independence throughout and explained to staff how they were to encourage and maintain people's independence.

Good



Is the service responsive?

The service was responsive

The care plans were very detailed and person centred, they showed what was important to people, what was working well and what needed to change to meet their outcomes.

There was detail of people's preferences and how they were to be encouraged to make their own choices and retain their individuality.

Complaints were well recorded, there was evidence of investigation and responses had been sent out in line with the providers complaints policy

Good



Is the service well-led?

The service was well led.

The staff felt that the registered manager was accessible, approachable and supportive overall.

Good



Summary of findings

There was evidence of regular quality assurance calls being made to people who used the service or worked alongside the provider.

Staff had a good understanding of the provider's values and vision to deliver good quality care and were committed to achieving this.

Rowan Care Services Limited-Wakefield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 November 2015 and was unannounced. The inspection was carried out by two adult social care inspectors. Prior to our inspection we looked at the information we hold about the number of injuries,

safeguarding matters and other notifications which we had received from the service. This allowed us to analyse whether there were any particular concerns we needed to look at during our inspection. In this case we did not find anything of concern.

As part of our inspection we visited the registered office and looked at four staff recruitment files, eight care files, complaints records, accident and incident records, staff rotas, policies and procedures, service auditing which had been carried out over the last 12 months. We spoke with 13 people who used the service or their relatives, six care staff, and the registered manager.

Is the service safe?

Our findings

People who use the service and their families told us “I feel safe with these carers, they are really kind people”. “I feel that when I leave (relative) they are safe and the carers are very responsible and take their job seriously. “I really do feel safe with the staff, they are excellent”. “We feel (relative) is safe and I know they would tell us if there was a problem”. “I really do feel safe with the staff, they are excellent”.

All the people we spoke with told us they felt safe with the staff that supported them and that the care provided by the agency enhanced their life.

Staff were able to explain what safeguarding meant and what signs and symptoms they looked for when caring for people. They could tell us how and to whom they would report any concerns to, both in the first instance and to escalate a matter if they felt that appropriate action had not been taken.

In the care records we looked at during inspection we saw that there were risk assessments in place which were detailed and personalised to identify individual risk and look at the measures which could be put in place to reduce or eliminate those risks. Some of the people who used the service had complex needs which included specialist tasks including caring for tracheostomies, PEG feeding, (percutaneous endoscopic gastrostomy, a surgical procedure to insert a tube to feed people who are unable to swallow). There were detailed risk assessments in place for all nursing tasks which were undertaken, specialist medical administration techniques for example, and there were processes in place to ensure that only staff who were specifically trained and skilled to undertake these tasks were allocated to attend these calls.

We looked at the records which were kept in relation to medicines. We saw that the Medicine Administration Records (MAR) were completed by staff who were administering medicines and that the MARs were brought back into the office by staff periodically. We saw that office

staff carried out spot checks on a sample of these documents and that if they found any gaps in signatures for example that they raised this with the member of staff concerned and took appropriate action. We saw in the sample we looked at there was one missing signature, all other MARs were completed correctly.

We looked at the accident and incident records for the service, which were stored in the care files of the people who used the service. We saw that the records were detailed and gave a good account of the accident/incident which had taken place, there was a record of the investigation which had taken place, the findings of the investigation and the actions that had been taken as a result.

We spoke to staff and asked them about their understanding of the whistle blowing policy. All the staff we spoke with were aware of and able to explain the process for reporting concerns under the whistleblowing policy, although all the staff also said that they had never had cause to use this process.

The service had a good number of staff. We looked at staffing rotas and spoke with staff who told us they usually worked the number of hours they wanted each week, and they did not feel that there were any issues with the service covering the calls they delivered each week. The staff did not have any concerns that the service was missing calls, and people who used the service told us that it was very reliable; we were not told about any calls which had been missed.

Staff told us that they had access to a good supply of personal protective equipment (gloves, aprons and hand-gel) and they understood the need for regular handwashing and using this equipment appropriately to protect people from the risks of infections being spread.

The service had safe recruitment processes in place and we saw that these were being followed to ensure that the staff were of good character and suited to the roles they were appointed to.

Is the service effective?

Our findings

People who used the service and their families told us that they felt very comfortable with the staff and that they knew what they were doing. One person said “They seem very well trained.” When the girls visit, I feel they know what they are doing. I have confidence in them. I feel we have all built up a good friendship together.” A family member told us “The thing is you can tell they are very caring people and they try to build up a good relationship with (my relative)”. “We feel confident with the staff, they seem well trained and we should know because we know what good care should be like”.

When we spoke with people who used the service everyone we spoke with told us that staff always appeared competent, and well trained. One person said “I know a lot, but the carers seem to know more than me”. Another person said “When the girls visit, I feel they know what they are doing. I have confidence in them.”

People who used the service told us that the staff carried out their duties in a way that demonstrated they had good skills and knowledge, and also staff often spoke about the extensive training they received from the company. People who used the service told us that this increased their confidence and belief that the care was provided by a well trained staff team.

We looked at staff training records and they showed that staff training was up to date and staff confirmed this when we spoke with them. Staff told us that they felt there was an abundance of training available to them, and that they were equipped to care for people and meet their needs. Staff told us they were undertaking nationally recognised qualifications as part of their employment in addition to the mandatory training required to carry out their roles. Staff told us that they were able to complete complex care training which covered specialist tasks, for example the use

of nebulisers and the use of suctioning equipment for people who required this level of support. This meant that staff were able to carry out specialist tasks safely and to support people with more complex needs to stay at home.

People we spoke with told us that care workers were good at noticing when people were unwell and making sure that the information was passed on so that they received the attention they needed. One relative of a person who used the service told us “I’ve noticed they (the carers) pick up on changes in (relative’s) health. They phone us to update and recently they phoned us to tell us they got the doctor out”.

We saw from staff files and most staff confirmed when we spoke with them that they received regular supervisions sessions with senior staff or the registered manager and they had an annual appraisals. Regular spot checks were carried out, where senior staff came to calls they were assigned to and observed their practice to ensure that it was of good quality. Staff felt that the supervisions sessions were useful and they could raise any concerns and ask questions in these sessions.

A family member of a person who used the service told us “My (relative) really enjoys seeing the carers and they make (relative) smile. They communicate well and they (the carers) are all lovely with good personalities”. People we spoke with felt that the service communicated well with them personally, by making regular calls and welcoming people into the office if they wanted to call in. People all told us that the care staff made every effort to communicate with people according to their needs and preferences during visits.

In the care records we looked at we saw that people had been asked for and had given written consent to the care which was being delivered. People had been involved in the development of their care plans and had signed their consent and care plans at the time they were created, there was a section which

Is the service caring?

Our findings

When we spoke with people who used the service they told us, “I feel we have all built up a good friendship together.” “The service is fantastic, the staff are very friendly and helpful. I get regular carers and they are very good and very respectful.” “I have never had a problem with the staff, they are always really helpful and they have supported us well to resolve any practical problems”.

Family members of people who used the service told us “I can honestly say that (relative) seems to be coping really well, the carers are doing a good job. “They try to get regular carers visiting, and we can see that they are gradually building up a friendship with (relative),” “The thing is you can tell they are very caring people and they try to build up a good relationship with (relative)”.

When we spoke with people we asked them about the care they were receiving from the service. All the responses we received were positive. One person said: “The staff are so lovely and so caring. There is nothing I can say against what they do, the staff listen without exception.”

Another person told us they were happy with the care provided, they had a friendly relationship with the care workers who were very nice to them. They told us they were very satisfied with the care and support and added that the care staff treated them very well. They said the care workers always turned up on time.

One person told us that they had been with another agency which had closed suddenly so they had to find alternative care at short notice. They told us “The care team from this service came out promptly to assess my situation before setting up care visits. It gave me confidence that they (this service) wanted to get the care and support right from the start. The quality of the carers is 99%. They are excellent. They understand personal circumstances and they are very respectful. My (relative) really enjoys seeing the carers and they make them smile.”

All the people we spoke with told us that they were extremely happy because the care staff respected people’s privacy and dignity. One person who used the service told us “My carer consists of just three people who are rotated. I like this because it provides continuity. I feel better if I know

the people and we get to know each other. I feel I am taken seriously by all the staff, they talk to me with respect, there’s no need for improvement, they are doing a great job”.

Staff told us that they maintain people’s privacy by making sure that they closed doors and curtains when caring for people, and that they were careful not to talk to people they were caring for about other people who used the service.

People felt that the service supported people to maintain their independence by encouraging them to do as much as they were able to for themselves, this was reflected in the care records we saw during our inspection. One family member told us “They (relative) like to be independent and they (staff) respect their wishes and support them to be independent”. A person who used the service told us “I have never had any complaints because the staff are marvellous and they do everything I need them to”. They help me to do my shopping but most importantly they help me to keep my independence”.

We saw in people’s care records that people’s cultural and religious needs were recognised and were incorporated in their care plans. For example, one person preferred to have some of their care visits from someone who spoke their native language and the service had made provision for this to be arranged.

We saw evidence that the provider recognised the needs of some people to have an advocate to help them to communicate and make important decisions. We saw that people were supported by an advocate of their choice which could include a family member where that was appropriate (for example in the case of the children being cared for by the service) and in other cases this was a formal independent advocate arranged from an external agency.

We asked the registered manager how they ensured that their care staff maintained people’s confidentiality when they were working in a dispersed manner, the registered manager told us that staff were reminded regularly in supervision and during spot checks of the importance of respecting people’s privacy and that there had been reported concerns that staff were not following the confidentiality policy. The people we spoke with did not have any concerns that staff were not maintaining their confidentiality.

Is the service responsive?

Our findings

People we spoke with told us “My care package was designed to fit around me, it is individualised and specific to my individual needs. “The thing we like about this company is that it is ‘bespoke care’. The hours are to suit our needs; they fit in with us, not the other way round”.

We saw there were visits to people who were wanted a service from the provider. People were asked about all aspects of their lives, their abilities, their limitations and their goals. This information was then used to create people’s care plans and to agree the amount of support they would require. One relative of a person who used the service told us ‘My (relative) was visited by the agency staff prior to them delivering the package, they took note of all the relevant information which they used to generate a working care and support plan.”

We looked at some people’s care records and we found that they were extremely detailed and person centred. There was a lot of information about people’s lives prior to them needing support from the service, what was important to them, their preferences and important medical details including any allergies which care staff would need to be aware of. We found that the care plans were very clear and easy to read. There were sections which had been picked out as being the highest priorities and these were in a bigger font than more routine tasks, for example if someone had a food allergy that information would be very prominent to ensure that care staff were aware and reminded of it.

We saw that there were regular reviews of people’s care plans to ensure that they continued to meet their needs and that care plans were changed to reflect this. We saw that people and where appropriate their relatives were involved in the reviews which were carried out, and staff told us that they had been asked to attend reviews when this had been appropriate and agreed with the person who was using the service.

In cases where there were specialist tasks needed to meet the person’s needs there were extensive care plans which covered all aspects of the task, this included any behaviour which may be triggered and how care staff should offer comfort and reassurance should this occur. We saw evidence that where other agencies were involved in

people’s care there were care plans added to explain to staff what was required and how to support people, for example where a physiotherapist was involved and had instructed daily exercises by supported.

Staff we spoke with had mixed feedback on the consistency of the people they cared for. Some staff told us they cared for the same people all the time and others reported that they were moved around and cared for people for short periods and then did not see them for a long period. Some staff were happy with this arrangement and some would have preferred more consistency.

One person told us: “I have never had a complaint but I would feel confident in raising a concern if I had one. People we spoke with consistently told us that they would feel confident in raising an issue of concern or in making a complaint. People told us that the staff always listened to them and that the office staff were good in responding to them in a timely manner. Other people said “I can complain easily, if there’s an issue I have no problem in speaking up, but so far I haven’t needed to raise any concerns”. “We are very satisfied. At the beginning there were a few issues but we discussed them with the office staff and they got sorted. I’m happy with that response”. , “They are reliable and they are brilliant, I have not had one problem with the staff or the agency”.

Prior to our inspection we received a complaint and we looked at the information relating to this complaint during our inspection and discussed the matter with the registered manager. We saw that there had been investigation of the concerns, and that action had been taken by the registered manager to deal with the complaint and resolve the issues which had been raised. We saw that the provider had kept good detailed records of all their interactions relating to the matter. We were satisfied that the complaint had been dealt with appropriately by the registered manager of the service. We looked at the complaints policy and found this to be robust and that complaints were being responded to in line with this policy.

People who used the service told us “The best thing about the service is that it takes away my lonely feelings, I know they are there for me and will help me and chat with me. They are genuine people”. “The carers come every day to help me with shopping and social activities. They do everything I ask, I feel confident with them. I decide what I am going to do, they work with me to plan everything out in advance. Sometimes it doesn’t work out because of the

Is the service responsive?

weather, but we do something else. I have a hobby which they help me to do". This showed that the service was aware of the social needs of the people who used the service and they were helping people to enjoy regular activities to prevent them from becoming socially isolated.

One person said "If I need to arrange extra care at short notice the office are very helpful and very obliging and they always try to accommodate us. What I have noticed is that staff are good at remembering the details. They understand my personal circumstances and they are very respectful."

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection.

People told us “I was visited by a senior staff member who watched the carer to check that everything was being done right and they have phoned me also to ask if things are alright”. “The quality of the carers is 99%. They are excellent”. “There is a person from the office, she is very caring and efficient, she calls in to check if things are going well and to do a review. She keeps in touch with what’s going on”. “I am happy with the contact from the office and I know I can ring them at any time with any concerns, I am confident they would address them.” “If I have any problems I just go into the office and talk. They listen and I know they would sort any problems out”.

Staff told us that the registered manager and the office staff were accessible, approachable and supportive. All the staff we spoke with told us that they would be confident in raising any concerns they may have and that they would be dealt with appropriately and in a timely manner. Some people who used the service told us they regularly went into the office to chat with staff.

People who used the service told us that the registered manager was easily contactable, and that they had regular contact from the office staff for instance to make sure that they knew if care workers were delayed. They also told us that they received regular calls checking that they were happy with the service. One person we spoke with told us “With this company, it’s really easy to get hold of the registered manager to discuss things”.

Care workers we spoke with described a positive working environment, and all the staff we spoke we told us they enjoyed their roles and would be more than happy for a

member of their family to be cared for by the service. Care workers understood the provider’s values and vision to deliver good quality care to allow people to remain in their own homes, and described this to us.

Both staff and people who used the reported that they felt that the service was well run. We looked at the processes which were in place in the service to monitor the quality of the care being delivered. We saw that people were contacted regularly to gain their opinions into the care they received, to measure their satisfaction and to identify any concerns which could be addressed. We saw that in cases where concerns had been raised then there had been action taken to rectify the matter.

We did find that a lot of information was stored in individual files for example accident and incident records. This meant it was not possible for the provider to identify trends or patterns which may be present; this meant that they were unable to use the information which they had gathered for auditing and monitoring purposes.

The registered manager reviewed complaints on a month by month basis to look for any patterns and to address issues which were identified. There were no processes in place to look at the auditing of daily records and medication administration records which was being undertaken and to use this information to look for areas for improvement, this was partially because information was stored in individual files, but also because contemporaneous records were kept electronically which meant they were not routinely reviewed. There was auditing taking place of other processes for example complaints and accidents which again needed to become more analysis based with clearer evidence to show what had been identified and what actions had been taken to improve the service.

We saw that the registered manager was appropriately notifying the Care Quality Commission when there had been a notifiable event.