

Rosemont Care Limited

Rosemont Care Medway

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rosemont Care Medway is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. The service was providing personal care to approximately 63 people at the time of the inspection.

People's experience of using this service and what we found

Feedback from people and their relatives about the service was mixed. Comments included, "We have only had them a couple of months and it was very hard going to start with, a different carer each visit, late every visit and just thoroughly disorganised"; "I am very happy with the carers and if they are running late or don't turn up on time I get a call"; "I need the help now and they are providing good safe and sound care for me"; "Just as we get used to them they go and change. We never know who's coming" and "I am utterly shell shocked and exhausted trying to sort it out and get my head around the calls and always having to be there to help."

Staff had not always been allocated travel time to enable them to travel between care calls, this meant people received late care calls and staff were rushed to get to their next care call.

Individual risks were not always assessed and managed to keep people safe. People could not be sure their prescribed medicines were always managed in a safe way.

The systems and processes for ensuring all staff were regularly COVID-19 tested in line with government guidance were not robust. Not all staff were on the COVID-19 testing records held by the management team. We were assured that the provider was using personal protective equipment (PPE) effectively and safely.

The provider did not always have effective safeguarding systems in place to protect people from the risk of abuse. Some abuse allegations made evidenced that the service had not always acted in a timely manner to report abuse. These included self-neglect or changes to people's health and social care needs.

Some people and relatives told us they were not always convinced that staff had received adequate training, they gave examples of staff not demonstrating safe practice using equipment in their homes. We were not assured that all staff had received training because training records did not evidence that all staff had been appropriately trained. Staff told us they received five days of training in the office when they first started and then staff received online refresher training. Records showed that staff were supervised and received spot checks.

Most care plans included people's individual preferences and interests, personal history and staff understood these. Some care plans did not detail times of care visits. Care was person centred and planned

with the person to meet their needs. People were given choice and control over their care. Detailed daily records of visits were kept by staff. However, care plans were not always updated in a timely manner when people's needs had changed.

The systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. Audits relating to care plans had not been undertaken for some time. No audits had been undertaken to alert the registered manager to shortfalls in practices in relation to risk assessment, COVID-19 testing, medicines management, staff deployment and complaints.

People and relatives confirmed they knew how to complain. Some people and relatives did not feel that complaints were handled effectively. It was evident that registered persons had not reviewed the feedback gained from people and their relatives following surveys and telephone monitoring. No actions had been taken to address the issues people had raised.

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.

Not everyone needed support with eating and drinking. Where they did, people and relatives said they were happy with the support they received. People confirmed meals and drinks meet their needs and they were provided with choices.

Where people needed support to access healthcare this was in place. Staff called an ambulance, accessed medical support via 111 and referred people to the GP as needed. Staff were clear about the action they would take when a person presents as unwell.

There continued to be a system in place to log accidents and incidents, clear actions taken place as a result. Staff continued to be recruited safely. Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks.

People told us they were treated with kindness and compassion. On a day to day basis people directed their care. Care records promoted people's right to independence and focused on what people were able to do for themselves. People and their relatives told us staff treated them with dignity.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were mostly meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People had been encouraged and supported to maintain their independence.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People told us staff were kind and caring towards them. Relatives provided some examples of when staff did not always provide caring, kind and person-centred support.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was Good (published 7 June 2018).

Why we inspected

This was a planned inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified a breach of Regulation 18 (Staffing) in relation to effective deployment of staff. We identified a breach of Regulation 12 (Safe care and treatment) in relation to management of risk, management of medicines and COVID-19 testing staff. We identified a breach of Regulation 16 (Receiving and acting on complaints) in relation to management of complaints. We also identified a breach of Regulation 17 (Good Governance) in relation to operating a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Rosemont Care Medway

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors, one of whom was a medicines inspector. Two Experts by Experience spoke with people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Shortly after the inspection the registered manager left the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 August 2021 and ended on 8 September 2021. We visited the office location on 24 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner told us they had not received any concerns about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 11 relatives about their experience of the care provided. We spoke with nine members of staff including care staff, assessors, coordinators, the registered manager and 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 11 people's care records and eight people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, risk assessments and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, COVID-19 testing records and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been well managed. Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. There was inconsistent risk assessment practice across the service. Some people were prescribed blood thinning medicines which meant that they were at increased risks of excessive bleeding if injured and would need immediate medical attention if they fell or banged their head. No risk assessments were in place to detail safe ways of working with people who were prescribed blood thinning medicines.
- Fire risk assessments were not always completed for people using emollients.
- Risk assessments were in place for most people, some were clearer than others, however, they were not consistently detailed. One person's risk assessment (in relation to the environment risk) flagged up a number of issues. There was nothing recorded to show that the issues had been addressed and risk mitigated. The management team did not know if the risks had been addressed and arranged for a supervisor to visit and check the following day to fully review the risks and provide updated guidance to staff. The registered manager told us that they had fallen behind with reviewing care plans and risk assessments. We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate risks were effectively managed.

Individual risks relating to the health, safety and welfare of people had not been robustly assessed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always deployed at the right time to meet people's needs. Some staff told us their calls had travel time allocated between their community care calls whilst others did not. We reviewed staff rotas and found travel time was not always allocated where staff were required to travel between people's homes. Some staff had no travel time allocated on their staffing rotas to enable them to travel between each care call. For example, a staff member had a care call from 08:00 which was a one-hour call, then their next call was due to start 09:00 for 30 mins. This meant that staff would be running late for all their care visits during the day and people would not be receiving their care at the time they had been assessed for. Care records evidenced that people had not received shortened care visits, however they showed that the care visits were at different times to the times they had been assessed to receive them.
- People and relatives told us about the impact of this. They said times of care visits were a constant issue for them which impacted on their lives. Comments included, "Today the carer couldn't come. They are short of staff. Just didn't turn up"; "Turning up for visits is not always very good. The office rota system doesn't

work for me as they are too late"; "I am not happy at all, they have absolutely no idea of punctuality, they can be up to an hour and a half late and sometimes miss a call altogether"; "In a nutshell they are very unreliable to say the least"; "Three or four days a week they [planned care staff] don't turn up and someone else who we don't know will turn up eventually"; "Timing is not good at all. They [care staff] walk everywhere and are not given enough time between calls so are always late"; "My time should be 8am but they can arrive at 10am and by that time I get most uncomfortable and have to struggle on my own"; "To an extent I can make choices. I can ask if I want hoisting. But with late visit times, I can be soiled. I wonder if they know how to deal with my age group. I'm in my middle years" and "The only concern we have is that there is no continuity of care, there are so many different ones coming and going. They never let me know who's coming." One relative gave feedback that; "The staff range from very, very good to downright awful. They can be very caring especially one older woman who is gentle, quiet and caring." This relative described staff in this way because of the impact of late care visits on their loved one. The relative reported that their loved one was often left in soiled continence pads waiting for care staff to arrive.

- The provider had not always deployed the right staff to meet people's needs. One relative told us, "When [loved one] is naked we have asked them to send people she knows otherwise she will not be washed as she doesn't feel comfortable with carers she doesn't know showering her, but that doesn't always happen and complete strangers will try to undress her and she won't have it."
- The registered manager told us they were having difficulty maintaining staffing levels. There were recruitment issues across the area causing some staffing concerns particularly with staff leaving. They explained extra shifts had been picked up by other staff to cover which meant that people did not always get care visits at their preferred times. Because of the recruitment issues, the service had paused taking on new care packages.

Failure to deploy staff effectively to meet people's assessed needs was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff continued to be recruited safely. Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Medicines were not always managed effectively. Staff spoke with people, their families or representatives about the support they required to manage their medicines when joining the service. However, this was not always recorded in care plans. Care plans lacked details about people's current medicines, what they were prescribed for and how they liked to take them. This put people at risk, as staffing pressures meant that staff who did not know people well and new staff were undertaking care and support visits.
- People mostly received their medicines on time. Although we saw that one person who required their pain relief medicines at set intervals, did not always receive a visit from staff to coincide with these times. They were due to have their pain relief medicines at 08:00 but often received a much later care visit and pain relief was not given until 10:00. This meant that the person could have experienced pain.
- The service was transferring over to a new electronic system and medicines records were being switched from paper copies of medicines administration records (MAR) to electronic records. Some staff we spoke with during the inspection highlighted that there had been errors transferring over the medicines information which meant that some people's topical creams had been missed off the electronic MAR, they explained this could cause errors as prescribed creams could be missed by staff who did not know people well (particularly new staff).

The failure to take appropriate actions to ensure medicines are managed in a safe way is a breach of

Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Staff were trained and assessed to ensure they were competent to support people to take their medicines safely.
- The management team checked medicines administration records at the end of each month. Any gaps in records were investigated and communicated to staff to prevent reoccurrence.

Preventing and controlling infection

- We were somewhat assured that the provider was accessing testing for staff. The systems and processes for ensuring all staff were regularly COVID-19 tested in line with government guidance were not robust. Not all staff were on the COVID-19 testing records held by the management team. Some staff told us they had not been tested at all. Records showed that some staff had failed to test weekly as required. We questioned the registered manager regarding this. They provided additional information about testing for new staff which conflicted with information staff had provided to us. We reported this conflicting information to the deputy manager during our feedback session as the registered manager left the organisation shortly after the end of the inspection.

This demonstrates a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Most staff said they used all the PPE required (following government guidance) when working with people in their own homes. One staff member told us they did not always wear a mask, we reported this to the management team.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- The provider did not always have effective safeguarding systems in place to protect people from the risk of abuse. Some abuse allegations made evidenced that the service had not always acted in a timely manner to report abuse. One had been delayed by 11 days. These included self-neglect or changes to people's health and social care needs. This had resulted in professionals or relatives alerting the local authority safeguarding team of abuse. This is an area for improvement.
- Staff knew how to spot signs of abuse and mistreatment. Training records showed that staff had attended safeguarding training.
- People and relatives told us they and their loved ones were safe. One person said, "I feel safe because I am glad I am getting someone to come to me in the mornings to make sure I am alive and not in a heap."
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "I would report it to the manager who would report it to the police, social services and talk with the person and their relatives."

Learning lessons when things go wrong

- There continued to be a system in place to log accidents and incidents, clear actions taken place as a result.
- Accidents and incidents relating to staff injuries were recorded as well as those relating to people using the service. Accidents records showed that when a staff member injured themselves by carrying out a

moving and handling technique incorrectly, they received additional training and support to ensure they carried out their work safely.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some people and relatives told us they were not always convinced that staff had received adequate training. They gave examples of having to repeatedly show and teach staff how to use equipment.
- Comments included, "Some carers need help on how to use the hoist, clean the catheter or arrange the wheels on the wheelchair. They know how to wash and dress and do it alright"; "The staff do not always meet her needs nor have the skills to do so"; "They are too young and inexperienced to be sent out"; "We use hoists and chairs and equipment but they never know how to use them. They may have had training of some sort but never hands on training so basically I am training them how to use the equipment" and "I have to train every single one of them every time they come here."
- The provider's records of training were not robust. Training records did not evidence that all staff had been appropriately trained. We checked the training records against a list of new staff which had been provided that were missing COVID-19 tests. We found eight staff missing from the training records with no evidence of training completed. We reported this to the management team who agreed to investigate this. The management team assured us that all staff had been trained and this was a recording issue. We spoke with some new staff during the inspection, they told us they received five days of training in the office when they first started and then staff received online refresher training.
- Records showed that staff were supervised and received spot checks, spot checks had not identified areas of concern that had not been followed up. One staff member told us they had been told by their supervisor that they were unable to attend a training course because they were part time. We reported this to the management team who agreed to investigate this. They confirmed all staff had access to training to meet their learning and development needs.
- Some people using the service had complex additional health needs. Where this was the case staff received additional support and training as well as competency assessments from a trained nurse to ensure they could demonstrate safe practice and apply their learning.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people receiving a service their needs were assessed. These assessments were used to develop the person's care plans. The assessment included people's protected characteristics under the Equality Act (2010). For example, their religion, culture, health needs and their abilities.
- People's assessments had not always been reviewed and updated when their needs changed. Staff told us people had not always been reassessed in a timely manner. The registered manager confirmed re assessment had not always taken place because of the impact of COVID-19. The service was in the middle of reassessing people receiving care to ensure that new and updated information was captured, this was

because the service was transferring to an electronic care planning system. This is an area for improvement.

- People and their relatives were involved and kept up to date with assessment processes. Comments included, "We have had a review of her care plan a few times"; "We organise the care plan and they will advise if we need to change anything or buy anything to help make life easier for her"; "We plan the care how I like to be cared for and it works well" and "The carers try to do things the way I like but if they don't it is only because their way is better."

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

- Not everyone needed support with eating and drinking. Where they did, people and relatives said they were happy with the support they received. Comments included, "My food is cooked (by carers) and tasty. The meals are my own choice. Occasionally the time between meals can be short if visits are late. But usually it's alright"; "Carers will do her meals. She is blind, so I asked if she can use a spoon and a large bowl on the trolley. The food is cut up and left within her reach. She has a glass of water. She has a massive appetite" and "The SALT (speech and language therapist) team and dietician are involved. They have made a plan (for foods and drink) and the carers stick to it. He needs thickener in his drinks but the amount of it is being slowly reduced. He is able to eat solids, but the meat is shredded. He has a good appetite. His weight and fluid intake is monitored."
- People confirmed meals and drinks met their needs and they were provided with choices.
- When people were at risk from choking while eating and drinking guidance from health professionals such as dieticians and SALT had been sought. There was information for staff on how the person needed to be supported to eat safely, this included guidance on what to do if a person choked.

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

- Where people needed support to access healthcare this was in place. Staff called an ambulance, accessed medical support via 111 and referred people to the GP as needed. Staff were clear about the action they would take when a person presents as unwell. There were clear records when actions had been taken, referrals had been made on to healthcare specialists when required.
- Some people with larger care packages were supported to attend medical appointments by staff that know them well.
- The service worked with others to ensure people were appropriately supported. There was clear and regular communication between the service and social workers and commissioners to keep relevant people informed of changes and concerns.
- The service used social prescribing to support people's additional needs. Social prescribing involves helping people to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or a local charity. For example, signposting people who have been diagnosed with dementia to local dementia support groups.
- People who required additional support with accessing healthcare told us, "They waited with me the entire time when I had to call an ambulance and wouldn't leave until they had arrived and knew I was in good hands" and "They notice if I am not well or looking a bit off colour and get me into hospital or to see the doctor."

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. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear and offering different items for their breakfast.
- People had signed their assessment and care plan records where they were able to and had consented to care and support.
- Most people and relatives told us they made their own choices and decisions about their care. Comments included, "The carers do ask what I want and do what I want. They spend a lot of time writing things down" and "They ask you directly what you want. I'm dyslexic so they write my shopping list for me and get what food I want."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Relatives said that their loved ones were well treated and supported. Comments included, "She [loved one] likes the carers. She knows the carers are hardworking and that their jobs are not easy. They are patient and I think that they do care. I'm confident she gets the professional care she needs"; "Carers vary. On the whole I would say they are doing their best and some are excellent" and "They are all good without fail."
- People told us they were treated with kindness and compassion. Staff referred to people by their preferred names. Care records reflected people's preferred names. Staff showed a good understanding of people's needs and preferences. They knew people well and spoke kindly and compassionately about the people they provided support for. Staff spoke about people in a positive and friendly way. A staff member said, "I treat it as someone's own home, I am a guest in their home. I introduce myself, smile (I have to smile with my eyes because of the mask)."
- People told us, "They are very good at caring"; "Very kind and thoughtful people"; "Good as gold they are"; "They are very good. I like them. Oh yes, they are kind"; "They are nice. Good company. They care about you" and "Almost all (carers) are good on timekeeping and ask me first what I would like. I find them very good and can't fault them."
- People explained how they valued the social contact with staff. Some people didn't see any other visitors or relatives. One person said, "I can get a bit glum on my own so it's nice to have their company."

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

- People were encouraged and supported to self-advocate. People had support from relatives to advocate for them where they needed them. Advocacy information was available for people.
- Staff described how they supported people to make decisions about all aspects of their care. One staff member told us, "I ask permissions, ask how they would like things such as how they like their tea or toast, check if they are comfortable, whether they need a blanket or whether they can see the television." Another staff member said, "I ask the client what they would like done today. One person sometimes has a wash or sometimes a shower, I help to transfer and reassure them to take it steady."
- On a day to day basis people directed their care. Care records promoted people's right to independence and focused on what people were able to do for themselves. People and their relatives told us they were asked how they liked things to be done. People told us they were asked their opinions and views, and these were respected. Comments included, "They automatically know what I want. I tell them what I want, and they get on with it" and "Carers ask me first (what I want)."
- Staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed, as people's relatives were often providing their loved one's care most of the day.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity. Comments included, "Privacy is fine. Carers have a key and give me a call first. I hear the door opening"; "Carers shout and knock before coming in" and "They introduce themselves on coming in. The door is only closed for intimate care or if he wants peace and quiet."
- Staff told us that they respected people's privacy and dignity and independence. Comments included, "I call out when I get there, chat and make the person feel comfortable, try not to rush them, ask them if they want to do tasks, ask them if they want their curtains closed, cover up areas of the body when washing other parts"; "I let them know who I am when I arrive, ask permission, check what they want and offer to close doors, windows and blinds and I prompt them to do things for themselves" and "I shut the door and curtains, encourage person to wash their own private areas and respect privacy by turning away, I make sure the person is comfortable."
- Some people had large packages of care and where they lived with their relatives, staff ensured that people and their relatives had alone time and privacy whilst being available to meet their care and support needs when required.
- The management team were aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office. We observed that computers were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and relatives confirmed they knew how to complain. Some people and relatives did not feel that complaints were handled effectively. They gave examples of complaints made, these were mostly complaints about times of care visits and verbal complaints made to the office about particular issues. These complaints had not been recorded by staff who received them and had not always been investigated and handed over to the registered manager or provider to deal with. People and relatives told us this left them feeling frustrated and not listened to.
- Comments included, "It's not the girls (staff) who are at fault it's the office. [Staff member] says they will phone me back but they never do when I have a complaint or question"; "I tell the office what I think of the care and still nothing gets done, yes I have made a complaint"; "It's just dreadful trying to get my head around the disorganisation of the place. I tried to complain last month but I just get nowhere at all."
- During the inspection process, we attended a meeting with the local authority, the registered manager and relatives of a person who had been receiving care from the service. During the meeting the registered manager agreed that communication between people, relatives, the management team as well as office staff needed improvement when there were changes to planned care including changes to times of care visits. The local authority issued the service an action plan to ensure these improvements were made in a timely manner.

The failure to acknowledge, investigate and take action in response to complaints is a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Where people and relatives had made formal complaints, records showed these had been logged and investigated in line with Rosemont Care Medway's policy. Letters of apologies had been sent when required.

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

- Most care plans included people's individual preferences and interests, personal history and staff understood these. Some care plans did not detail times of care visits. Care was person centred and planned with the person to meet their needs. People were given choice and control over their care. Detailed daily records of visits were kept by staff. However, care plans were not always updated in a timely manner when people's needs had changed. Some staff told us that care plans had not been updated. For example, one staff member told us that a person's care plan had not been updated to detail that the person now had false teeth and they needed support with these. They expressed concern that new staff would not know how to support the person effectively. This is an area for improvement.

- People had been involved in developing their care had been provided according to their needs. People were fully involved with reviewing their care packages from changing times and adding extra care tasks. People and their relatives told us their care was regularly reviewed. Daily care records were monitored by the management team. A new electronic system was in the process of being implemented which would enable the management team to monitor care more closely.
- Comments from people and relatives included, "I have seen the care plan. Carers fill a daily record in the book"; "I've seen the care plan. I was involved with the agency. The plan is reviewed six monthly and sometimes action taken but not always"; "I've seen the care plan. I got a copy and there's a copy in the book. There are slight changes in it about the tablets and the alarm call system"; "we have had a review of [loved one's] care plan a few times"; "We plan the care how I like to be cared for and it works well" and "I was involved with making the care plan."

Meeting people's communication needs

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

- The management team told us there were no care plans in different formats (such as large print, easy read or different languages) at the time of the inspection. They told us the office staff always responded to requests for alternative communication.
- The service had an accessible complaints procedure, which was also available in different languages if required. The management team told us they had taken advice from Kent Association for the Blind in order to meet people's communication needs who have a visual impairment.
- People's communication needs were recorded within their care plans and understood by staff.

End of life care and support

- The service was supporting people who were needing end of life care at the time of inspection. People's care plans clearly showed their wishes and choices, including their religious needs for when they reached the end of their life. A relative told us, "I keep the company informed about any medical changes. We have discussed future with palliative care, and I have an emergency pack."
- Some people had consented to 'do not attempt cardiopulmonary resuscitation' (DNACPR) with their GP or consultants.
- Staff members told us they received basic level training to support people at the end of their lives. Staff told us about the support they gave to people and support to people's relatives to ensure people had a comfortable, pain free death. One staff member said, "We do provide end of life care, most of the time new referrals are at end of life stage. We have good links with the district nurses and the hospice."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Continuous learning and improving care

- The systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. Audits relating to care plans had not been undertaken for some time. The registered manager told us "We have not been auditing care plans and risk assessments, we have fallen behind with this." They explained they were in the process of transferring information about people's care and support needs on to a new electronic system and were using the process as an opportunity to review care plans and risk assessments where transferring.
- No audits had been undertaken to alert the registered manager to shortfalls in practices in relation to risk assessment, COVID-19 testing, medicines management, staff deployment and complaints.
- It was evident from discussions with the registered manager and from reviewing records that registered persons had not reviewed the feedback gained from people and their relatives following surveys and telephone monitoring. The registered manager had not taken action to address the issues people had raised in relation to their care and support including adjusting visit times.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The management team had notified CQC about important events such as deaths and allegations of abuse that had occurred. However, these had not always been reported in a timely manner.

The provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service had received some compliments about the care and support people received since the last inspection. One compliment read, 'Rosemont Care have been caring for and assisting my mum for a year now and is still ongoing and I can't fault their services at all. My family and I really wouldn't have been able to cope without them especially during the Covid-19 pandemic.' Another review read, 'Home care has been satisfactory, and carers are helpful.'

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People and their relatives were invited to provide feedback through regular telephone monitoring calls, through quality surveys and through regular care reviews. However, records evidenced that some people's views collected through the surveys had not been listened to. One person's completed surveys showed they had consistently reported over five months concerns regarding not knowing when to expect their care staff for their visit and reported issues with care visits being too late. Another person had raised that staff were coming too late for them in a survey they had completed in June 2021. No action had been taken and people had repeated their issues each time they were asked which clearly has led to frustrations.
- Feedback from relatives and people echoed these frustrations. Comments included, "I can usually get hold of someone in the office but they don't always do what they say they will do"; "I cancelled my care but the office forgot to cancel it, their organisation is not great"; "They don't keep in touch or give us the information required to know our rota"; "They are completely and utterly disorganised, totally disorganised" and "I have asked and asked the manager for a call every single day but if you look on the rota there are always missed calls."
- We received mixed feedback from staff regarding engagement and involvement. Staff confirmed they received newsletters and information. Some staff felt that communication was good and other staff reported similar issues to people and relatives in relation to poor communication. One staff member gave some examples of this. They said, "Communication can be a bit of an issue, emails I have sent don't get received if I send a complaint in, I never hear back unless I chase it. I can pass on in the morning to the office that I am running late, I get to the person and I find the office has not called them to let them know."

The provider had failed to act on feedback from people, staff and their relatives to continually evaluate and improve the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their rating in the offices and on their website.
- The registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- The provider describes on their website their values and statements to show how these will be met. The provider states, 'We go to great lengths to ensure we never fall below the high standards of care and companionship that we set ourselves.' It was clear from the experiences of people receiving a service and their relatives that the provider was not always meeting their aims and objectives for the service.
- People and their relatives told us they were able to get hold of a manager when they needed to. Comments included, "I have a telephone number and I have spoken to a lady and a gentleman. They were OK and friendly"; "I don't know the manager. Whoever I speak to has solved problems. You can phone at 9.00pm and they will answer"; "I have the office number and can normally get through quite quickly. I would like better communication, staff training and being treated like a human being"; "I have a number and out of

hours it transfers to whoever is on duty. I get through. It's not a problem" and "I either ring or e-mail the manager. She listens. It is a nice company but not as quick as it could be."

- Staff shared mixed feedback about the culture. Comments included, "I feel quite comfortable calling the office and I could go in there, everyone there is friendly and nice"; "It is a nice place to work and be" and "They are very approachable, everything is all good with Rosemont." Several staff raised concerns about communication in relation to rota changes, allocation of work and feeling they were not always listened to. We fed this back to the management team to ensure improvements were made.
- The management team rewarded staff for hard work to thank them and to keep staff motivated. Staff were issued with gifts, cards and vouchers.

Working in partnership with others

- Staff and the management team worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care. During the inspection we observed office staff communicating with people in relation to their planned care and sharing any concerns with relevant parties.
- The registered manager attended forums and support networks and linked with other registered managers and providers through the Medway Skills for Care forum which was held at a local care home. This enabled the service to keep up to date with local and national information and support. The registered manager also explained they received good support from the local authority commissioning team.

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>The provider had failed to robustly assess Individual risks relating to the health, safety and welfare of people and failed to take appropriate actions to ensure medicines are managed in a safe way. The provider had also failed to ensure systems and processes for ensuring all staff were regularly COVID-19 tested in line with government guidance.</p> <p>Regulation 12 (1)(2)</p> |
| Personal care | <p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to acknowledge, investigate and take action in response to complaints.</p> <p>Regulation 16 (1) (2)</p> |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. The provider had failed to act on feedback from people, staff and their relatives to continually evaluate and improve the service.</p> <p>Regulation 17 (1)(2)</p> |
| Regulated activity | Regulation |

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to deploy staff effectively to meet people's assessed needs.
Regulation 18 (1)