

Rose Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This was the provider's first inspection since their registration in December 2015. Rose Care Services Ltd is registered as a Shared Lives scheme and to provide personal care for people in their own homes. At this inspection on 14 June 2017 one person was using the Shared Lives scheme and had been since March 2017. The service employed one Shared Lives carer (SL carer) who was contracted by the scheme to support people as well as provide them with a place to live.

The service had a registered manager in post. 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.

We did not find enough information and evidence about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating to each of the five questions and an overall rating for the service. We were therefore not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding at this inspection.

At this inspection we found current risks we could identify for people were assessed and monitored. We saw that SL carers and all staff had safeguarding training. We were unable to judge the effectiveness of the service in response to a wider range of possible risks that can occur. Risks in relation to emergencies were identified. However, some improvement was needed to the business continuity plan to ensure it would give staff advice on a full range of possible emergencies. Medicines were not currently being administered and we were unable to judge the effectiveness of the systems available. However, we found the medicines policy needed some improvement to ensure it provided effective guidance for SL carers in all circumstances.

People told us they felt safe, happy and well cared for and their dignity, independence and family links were recognised and respected. People had an individual plan of their care and support needs and this addressed their individual cultural and spiritual needs. People's needs for stimulation and socialisation were recognised and addressed. People were supported with their nutritional needs and with access to health professional when needed. There was a complaints policy in place although this required some improvement to provide full information to anyone wishing to raise a complaint. The SL carer told us there was always someone available in an emergency if they needed support.

There were effective recruitment processes in place. We saw there was an assessment and matching process including introductory visits to ensure it met people's needs and all parties were happy to go ahead with the placement. SL carer told us the assessment process was thorough, they had plenty of training and they felt well supported. We were not able to evidence training certificates for all the training provided at this inspection. There were enough staff to meet the current needs of people at the service. Staff were aware of their responsibilities under the Mental Capacity Act and Deprivation of Liberty safeguards but we were unable to see this operating in practice.

People told us the service was well managed and we saw there was a system of monitoring visits, calls and unannounced visits to check on the service provided and identify any areas for improvement. There was a comprehensive system to monitor the quality of the service although it was difficult to evidence its effectiveness because of the limited scope of the service at the time of the inspection. We found the provider and registered manager to be open to learning and knowledgeable about their roles.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for each key question and an overall rating for the service at this inspection.

We will be in contact with the provider as the service develops and decide on a suitable time to carry out the next inspection and provide a rating for 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?

The service was safe in the areas we could judge at this inspection.

People told us they felt safe. There were enough staff to meet people's needs. Staff were aware of how to safeguard people from abuse or neglect. Safe recruitment practices were in place and there was a detailed matching and assessment process.

Risks to people were identified and plans made to reduce the likelihood of them occurring. Some improvement was needed to the business continuity policy to ensure it provided adequate guidance in an emergency.

There were policies and procedures for the safe management of medicines should the need arise for staff to support people with this. However, we were unable to observe these in operation at the time of the inspection. We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

Inspected but not rated

Is the service effective?

The service was effective in those areas we were able to inspect. Staff told us they had received adequate training. People had access to healthcare professionals when required.

The registered manager was aware of their responsibilities under MCA and DoLs. However, we were unable to fully verify the understanding of SL carers at this inspection or observe these responsibilities in operation at the time of the inspection.

There were arrangements to support people's nutritional and hydration needs when needed and ensure they were as involved as possible.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

Inspected but not rated

Is the service caring?

The service was caring in the areas we could inspect.

Inspected but not rated

People told us they felt well looked after and that SL carers were kind and caring. They said they were involved in decisions about their care and that staff treated them with dignity and respect.

There was an assessment and matching process to help ensure people were placed in a scheme suitably for their needs.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

Is the service responsive?

The service was responsive in the areas we could inspect. People had an individual plan of their care and support needs. People's needs for stimulation and socialisation were recognised and addressed.

There was a complaints process although this required some improvement. People told us they had not needed to complain and if they needed to they would discuss any issues they had with the SL carer and then the registered manager.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

Inspected but not rated

Is the service well-led?

The service was well led in those areas we could inspect. People told us they thought the service was reliable and well organised.

Staff and the SL carer told us the registered manager was approachable and always available if there was a problem and they felt well supported.

There was a system for auditing and monitoring the quality of the service. The service provided was monitored closely through frequent monitoring visits and telephone calls to gain feedback and identify any issues.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

Inspected but not rated

Rose Care Services Limited

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 and to look at the overall quality of the service. We were unable to provide a rating for the service under the Care Act 2014 as we were unable to evidence all aspects of the key lines of enquiry at this inspection.

The inspection was carried out by a single inspector. It took place on 23 June 2017 and was announced. We told the provider that we were coming, as, we needed to be sure that the manager would be available when we inspected as they were involved in the delivery of care.

Before the inspection the provider completed 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. As part of our planning we looked at the information we held about the service including the PIR. We also looked to see if we had received any notifications from the provider. A notification is information about important events that the provider is required to send us by law.

During our inspection we spoke with the person using the service, the provider's representative, the registered manager and an office staff member by phone. We looked at their support plan, the staff files for the registered manager, one office staff member and provider's representative and the SL staff file. We also considered records related to the running of the service such as the quality monitoring system and policies and procedures. We tried to make contact with the SL carer on a number of occasions by phone unsuccessfully but did manage some limited contact by email. We were unable to make contact with the social care professional involved to gain their views about the service.

Is the service safe?

Our findings

People said they felt safe and well looked after. One person said, "I am very well looked after and feel very safe here." We saw SL carers received training on safeguarding adults from abuse but were unable to verify their understanding of their role with adult safeguarding procedures at this inspection. The registered manager and provider's representative had good knowledge of their roles and understanding of the possible signs of abuse or neglect and how to raise a safeguarding alert if this this be needed. We were therefore unable to fully judge this key line of enquiry at this inspection.

Risks had been identified and assessed before people started to use the service. These included any individual health risks to the people who used the service or risk of falls. Risk assessments included detail about actions to be taken to minimise the chance of harm occurring. We saw from monitoring visit records these risks were monitored and discussed on a regular basis. We were told the risk assessments would be reviewed formally every six months or earlier if there were changes in people's circumstances. However, we were unable to see that in practice at this inspection as people had only been using the scheme for a short period.

The service had a system to manage and report accidents and incidents although the registered manager told us no accidents or incidents had occurred. There were forms to record the details of any incidents or accidents such as falls. The registered manager described how they would be alerted and sent a copy of any accident or incident form as soon as possible. They also told us this would be reviewed by them and the provider to ensure all necessary action and any learning took place. However, we were unable to judge how effective this would be in practice at this inspection as the system had not needed to be used.

There was an environmental risk assessment to check for and assess any issues in relation to health and safety in the Shared Lives Carers (SL carers) home or health and safety risks for Shared Live carers (SL carers). We were told that SL carers received first aid and fire safety training was booked for the following week. There was a business continuity plan but this needed some improvement to ensure it provided staff with details of what to do across a range of emergencies. We were unable to fully inspect and judge this key line of enquiry as we were unable to evidence how the service would identify, assess and monitor a full range of individual risks over time.

There were systems to manage and administer medicines safely. The provider had a policy for the safe administration of medicines. We saw this included guidance about medicine errors, and processes for the safe administration of medicines. There were medicines administration records for use when staff needed to administer medicines and we were told these would be checked on a regular basis when in use. Where people self-administered their medicines they had a lockable storage cabinet to ensure they were kept safely. One person told us, "My medicines are safely locked away to keep them safe." However, at the time of the inspection we were unable to check on most aspects of medicines management as medicines were not being administered by staff. There were some areas for improvement as the medicines policy did not include any guidance for staff for 'as required' medicines or where it may be necessary to administer medicines covertly. We were unable to confirm if SL carers had received training on medicines or had their

competency assessed at this inspection as training certificates were not available.

There were enough staff to meet the current needs of people at the service and cover staff holidays and sickness. The person using the service told us the SL carer was always available if they needed support and the registered manager told us they were involved in providing care to cover any absences from the SL carer.

There was a detailed SL carer recruitment and assessment procedure to ensure people applying to become SL carers were suitable to support people. This included up to date criminal records checks, satisfactory personal and professional references, photographic proof of their identity, and a completed job application form with any gaps in employment explained. The assessment process for SL carers included interviews with the applicant and other members of their household, a health and safety check of the applicant's home (the premises in which support would be provided), and a number of checks such as a criminal records check of regular adult visitors, health checks and a local authority check. The SL carer told us, "I went through a long process which involved checks, vetting and meetings. Even my family was interviewed and my [family members] were interviewed. I do understand why this is necessary, so I don't mind and now I am so glad I did as I am enjoying being a carer, I find it rewarding."

Once the assessment process was complete, the applicant was presented to an approval panel which we saw was chaired and attended by experienced people independent of the scheme to ensure an objective discussion of the proposal. We saw there was a detailed discussion of the proposed placement by the panel and confirmation of approval.

Is the service effective?

Our findings

People told us they thought the SL carer was competent and knew what they were doing. The SL carer said, "Yes, there was lots of training and support meetings before I actually decided to be assessed and also once I had been approved." We found SL carers underwent an assessment process and introductory period of preparation for their role. We saw from staff files that all staff including SL carers undertook the Care Certificate, a recognised programme of accredited training across a range of areas for new staff to health and social care.

Training was also provided to meet specific needs of people using the service such as dementia training, medicines and first aid. However, not all the training certificates were available at this inspection to verify that the training had been completed. The registered manager told us that training could be sourced for other areas depending on the needs of the people they supported. The provider's representative told us they were in the process of developing their programme of mandatory and specialist training so that SL carers would be supported to meet a range of needs.

There were arrangements to provide staff with support for their roles through regular supervision. We saw that regular supervisions were held with SL carers to support them in their role. The SL carer told us, "I meet with my support worker at least every month but at the beginning we used to meet every week. I find that the weekly telephone checks they make to me allow me to update them on any issues I have so they don't build up and this way matters get resolved very quickly. All the staff are very supportive and quick. They make me feel cared for as well."

People told us they were asked for their consent before care or support was provided. A person told us "They always check with me first I am fully involved in making decisions." We saw people signed their support plan to record their consent to the care support and support they received.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager had received training on MCA and DoLS. They told us currently there was no one using the service that lacked capacity to make decisions about their care and treatment. However, they said if they had any concerns regarding someone's ability to make a specific decision they would work with the person, their relatives, if appropriate, and any health and social care professionals. They were in the process of developing tools to record these decisions. At this inspection it was therefore not possible to fully inspect or judge how the service would work within the principles of the MCA.

People told us they were supported with their nutritional and hydration needs. One person told us, "I am

involved in buying and choosing my food and with cooking." We saw from records that people were encouraged to be involved in menu planning and buying food in line with their cultural needs and preferences. People's dietary requirements, cultural needs, preferences or any allergies were recorded in the support plan. People's weight was monitored to identify any significant weight loss or gain.

People had access to healthcare professionals when they needed. People told us they were supported to access their GP and other professionals when needed. Each person had a hospital passport to ensure their health and communication needs were available for hospital staff when they attended hospital. The registered manager told us that where necessary or appropriate and with people's consent they would seek to involve other professionals in people's care. Where appropriate, they would liaise with an occupational therapist, doctor or nurse about people's care or treatment and any equipment if it was needed and provide more training if appropriate to meet people's individual health conditions. However, we were unable to judge this fully at this inspection as these issues had not arisen.

Is the service caring?

Our findings

SL carers developed positive, caring relationships with the people they supported. People told us, "I like it here, I get on very well with [my SL carer] and the family. They do spoil me." We saw feedback from relatives collected by the service confirmed that people were happy in their placement. One comment stated, "I have never seen [my family member] so happy. This was the best thing ever and God bless [the SL carer]."

The scheme used a 'matching' process to ensure SL carers and people referred to the scheme were compatible before a placement commenced. The matching process included looking at cultural considerations such as ethnicity, religion and language of the person using the service and the SL carer's household, the general lifestyle and community links of the SL carer, and the skills and experience the SL carer needed to support the person safely and effectively. Consideration was given to ensuring that people were matched with SL carers sharing similar cultural backgrounds and who spoke the same language, with the aim of reducing communication barriers and enjoying shared experiences. One person told us, "We are well suited together." The SL carer told us, "I liked the way the referral was discussed with me because no one was forcing me; I was shown how my agency had matched us and why they felt they would be a good fit and I was able to ask lots of questions, even before I said yes."

There was a series of introductory visits including an overnight stay to ensure that both the people using the service and the SL carer were happy for the placement to go ahead. This helped people and the SL carer get to know each other better and make a more informed decision. The SL carer told us; "I had several introductory meetings after the referral was discussed with me and I was able to meet my placement's family which was very reassuring, because by the time, they came to stay with me, I felt like we had known each other for ages and we were able to discuss and agree boundaries and expectations in advance. These meetings also made the transition easier for my [family member], who was involved every step of the way."

People told us they were enabled to make decisions about their care and support, and were encouraged to participate in the household decision-making. One person told us, "We talk about what I think or feel and [my SL carer] listens to me, any little things we sort out." We saw people were given information about the service and how it worked before they started to use it in the form of a guide. People were fully involved in decision making about the placement and in the development of their support plan. However, we were unable to judge the effectiveness of this over time at this inspection.

People told us they were treated with dignity and respect by the service and the SL carer knocked on their door and asked to come in. They confirmed information about them was treated confidentially. They also told us they were encouraged to be as independent as possible. One person said, "I am able to do what I want and what I can manage myself. If I need help I can ask."

People told us they were encouraged to maintain relationships with their friends and family and could have visitors when they wished. One person remarked, "My family visits regularly, I cook sometimes for them." The scheme also liaised with people's social workers to ensure they were kept informed of any changes and that people could be provided with advocacy support when necessary to make important decisions. We saw the

SL carer also engaged in advocacy when needed for example to help people gain access to a cookery class.

We saw people's needs relating to their disability, sexuality and gender were considered as part of the matching and planning of the support programme for example in relation to culture and people's spiritual needs. However, we were unable to judge the effectiveness of this across a full range of needs at this inspection.

Is the service responsive?

Our findings

People told us they had an individualised plan of care to meet their support needs and this had been drawn up during discussions with them and or their relatives, where this was appropriate. One person said, "We have a programme we all talked about so we all know what is needed and if it needs changing then we talk about it."

The plan identified their needs such as any mobility, skin care or health needs and there was guidance about how to meet those needs. The registered manager told us the care plan would be reviewed regularly to ensure it remained up to date and reflected current needs and preferences. Care plans included space for guidance on a wide range of areas depending on people's individual needs. We saw daily notes recorded the care provided to ensure there was an accurate record of care and support.

However, we were unable to judge the effectiveness of the care and support planning over time and in response to a range of needs.

People were supported to be involved in activities in the community of their choice and in discussion with them to ensure their needs for stimulation and socialisation were met. The care and support planning record evidenced that people had been involved in discussing their preferences about their interests and there had been work done by the SL Carer and the service to ensure people were supported to access a range of suitable activities that met these needs.

People told us they had not needed to make a complaint but would talk to the SL carer if there was a problem and then the registered manager if they were unhappy about anything. We looked at the complaints log and saw there had been no complaints since the provider's registration. We saw people were provided with the complaints policy when they joined the service. Some improvement was needed to the policy to include time scale to respond to a complaint and the addresses of where people could go if they remained unhappy with the response to their complaint.

Is the service well-led?

Our findings

People were complimentary about the way the service was managed. One person said, "I think it's a good service. There are no problems." A staff member told us, "It all works well. We are a good team." The SL carer said, "They are a fantastic agency who make me feel more than just a worker, they genuinely care about me and my family and when I have a problem I feel I can call them." We found no concerns with the leadership at the service but there was insufficient information available from which to make judgments about the quality of the management and quality monitoring at this inspection because of the current limitations of its scope.

There was a registered manager in place. They were aware of their responsibilities as registered manager and of the need to notify CQC about reportable incidents. They told us there had been no reportable incidents since the service was registered. They had a range of current policies and procedures in place to guide them on running the service. The registered manager and provider's representative were knowledgeable about the needs of the person using the service and were directly involved in supporting the SL carer.

There were some good aspects of the monitoring. The service had a comprehensive system to monitor the quality of the service through looking at outcomes for people who use the service and an audit tool. The registered manager told us currently they were able to check regularly and directly with people if the service operated effectively or if any changes were needed. We saw outcomes in relation to people's care and support that were discussed and recorded at frequent monitoring and review visits, telephone monitoring calls and unannounced visits to monitor the service provided and identify any issues.

We saw the monitoring records were detailed about the areas of support discussed. For example one record detailed a discussion with people and the SL carer about their safety at the placement and in the various community activities they attended and what they could do if they ever felt unsafe. Feedback was also gathered regularly from family members of people using the service and the SL carer's family members to ensure any issues were promptly identified. The SL carer told us the system for monitoring and support worked well. They commented, "I feel they go over and above what is needed."

We saw that the service gathered the view of family members of the person using the service and SL carer to ensure everyone's views were considered and any issues could be quickly identified. The registered manager had designed a survey to send out to seek people's and professionals views about the service on an annual basis to gain feedback and consider improvements.

The representative of the provider told us they were a member of Shared Lives plus (a voluntary group for Shared Lives services and SL carers) and also attended a London Care Forum to ensure they remained up to date with policy and practice.