

Three Roses Ltd

# Three Roses Ltd

## Inspection report

9 Business West  
Paulton House, Old Mills  
Bristol  
BS39 7SX

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07 December 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Three Roses is a domiciliary care agency providing the regulated activity personal care. The service provides support to people living with dementia and older people. At the time of our inspection there were 11 people using the service. The service provides support to people in their own homes who live in Bath and surrounding areas.

Not everyone who used the service received personal care. 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.

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

Staff were not always recruited using safe recruitment principles.

Staff had received mandatory and induction training. They were supplied with personal protective equipment and had received appropriate training on how to use it safely. Staff had received supervisions and were supported by the registered manager.

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. At the time of the inspection the recording systems were moving from paper to electronic systems, which had resulted in some confusion about which system to use.

People and their relatives we spoke to were very happy with the support they received, they felt listened to and involved in their care. They felt safe and respected.

People's care plans were not always kept up to date and lacked the detail needed to ensure that someone could step in and safely support a person.

Staff evidenced they understood how to support people.

The registered manager had not introduced any quality systems for monitoring service delivery to make improvements and there were no records of lessons learnt.

The registered manager told us she was only accepting referrals when she had capacity however, the registered manager was having to work with people for a lot of the week. This left her unable to fulfil her management responsibilities.

Staff, people and their relatives told us they knew how to complain and were confident they would be listened to by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 19 August 2021 and this is the first inspection.

#### Rating at last inspection

This service was registered with us on 19 August 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to medicines management, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was good.

Details are in our responsive finding below.

**Good** ●

### Is the service well-led?

The service was not always well-led,

Details are in our well-led findings below.

**Requires Improvement** ●

# Three Roses Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 5th April 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager, reviewed care plans, medication records, training data and staff files in relation to recruitment. After the site visit, we spoke to 1 person and 2 relatives. We spoke with 2 members of staff and 1 professional.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Using medicines safely

- Medicines were not always administered in a safe way. We found the dose of one person's pain relief medication wrongly recorded on the MAR sheet; this could have caused unnecessary discomfort to the person. One person did not have an "as required protocol" (PRN) in place. Allergies were not appropriately recorded in medication plans.
- We found one medication that had been incorrectly written down on the MAR sheet and another that had been written down as a tablet when it was a cream. This meant that people were at risk of medication being administered wrongly. We raised this with the registered manager who made the necessary amendments whilst we were there.
- Some people did not have medication risk assessments which means there was a risk of inconsistent and unsafe support for people.
- The registered manager did not have audits or checks in place to ensure staff administered medicines safely.
- We could find no records of incidents and errors for medication, when we asked the registered manager they told us they did not have any records.

Failure to manage medicines safely put people at risk of avoidable harm and was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Staffing and recruitment

- Staff were not always recruited in line with safer recruitment practices. Whilst this had not had a negative impact on people the registered manager had not ensured they followed good practice when recruiting staff. This increased the risk of people being supported by unsuitable staff.
- Rotas showed that one member of staff had started lone working whilst awaiting the outcome of their Disclosure and Barring Service (DBS) checks that the registered manager had applied for. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Therefore, we could not be assured that the registered manager was appropriately protecting people from unsuitable staff.
- Some staff did not have full reference checks in their files which went against the company's policy. The registered manager acknowledged that references were incomplete and stated that she would address this.

Failure to recruit staff safely put people at risk of avoidable harm and was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Assessing risk, safety monitoring and management

- The risk assessments shown to us for people did not give clear information to staff about how they should best support people. For example; bathing and manual handling risk assessments we were shown had tick box responses with no detail about each person's specific needs or information about how to mitigate identified risks.
- The registered manager had implemented some risk assessments for staff including a Covid risk assessment.

We recommend that the registered manager review the risk assessments to ensure they are detailed and up to date.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from abuse. Staff had received safeguarding training and could explain what they would do if they had concerns that someone was being abused.
- One person had unexplained bruising which was reported to their doctor, but the registered manager had not reported to the safeguarding team. We discussed this with the registered manager at the inspection and they told us that they would ensure they report safeguarding issues appropriately.
- People and their relatives felt they were safe using the service.

### Preventing and controlling infection

- Staff had training on safe infection and prevention control practice. Staff told us they had been provided with personal protective equipment (PPE) and when asked could clearly describe what to use and when. They could also describe safe disposal of PPE.
- People and their relatives told us that staff were using PPE and disposing of it appropriately.
- There was guidance available on working safely to prevent the spread of infections such as COVID-19.

### Learning lessons when things go wrong

- We were told by a family member that when they raised an issue this was dealt with promptly by the registered manager.
- We did not see any reflective learning records in relation to incidents, this is something the registered manager told us they would be introducing.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate training to enable them to carry out their roles. New staff had induction training and had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was a plan of training for all staff to follow, for example, manual handling, person centred care, safeguarding and medicine management. Refresher training and person specific training was provided where required. Staff we spoke to had a clear understanding of their responsibilities and how to deliver person centred support.
- Staff received regular supervisions and told us that they felt they could speak to the registered manager at any time if they needed support.
- At the time of the inspection the registered manager had not introduced checks on staff competencies. We discussed this with the registered manager at the time of the inspection and they stated they would be introducing competencies assessments as a priority.

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

- People's needs were assessed before starting the service. The assessment enabled initial care plans to be developed.
- Care plans were being moved from a paper system to an electronic system at the time of the inspection and this led to some issues with information being in 2 different places. The registered manager acknowledged this problem and told us she would be taking steps to address this immediately.
- Some care plans had detailed information, but others lacked detail which meant that staff depended on their own knowledge of people to be able to support them.

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

- People told us they were supported by staff to make choices with eating and drinking but this was not always reflected in care plans.
- One member of staff told us "everyone has their preferences we need to include them in their choices".

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

- The registered manager shared that they worked closely with other agencies when supporting people. This was reflected by the professional we spoke to who told us that communication was very good.
- Staff told us there was good communication between them and management to ensure they provided a good level of support.

## 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 MCA 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.

## Care at home services

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.

- No one being supported was being deprived of their liberty at the time of the inspection.
- Staff received training on the MCA and understood how to apply it.
- People were provided with a consent agreement when the service started to support them. People told us that they were asked by staff for consent before completing support tasks.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. Good: 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

- People using the service felt they were well supported and listened to by the registered manager and staff.
- The registered manager ensured that wherever possible people had the same group of staff supporting them to ensure they had continuity of support.
- Staff understood people's needs and we were told by one relative that they were "very good and caring" and that they had been "brilliant". Another relative told us that the registered manager was "spot on."

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

- Staff we spoke to understood the importance of involving people in decisions about their care.
- People, their relatives and professionals told us that staff were "very responsive" when discussing support.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect, one person told us "she [staff] always checks I am happy before she does anything."
- Staff told us they provided individualised care to the people they support.
- People's records were kept securely in a locked cabinet and on an online recording system.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery

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

- People said they had personalised care and staff understood what personalised care meant.
- Some care plans lacked details to ensure that people would always be supported appropriately.
- Care plans did not always reflect people's current needs. One person's care plan that we looked at had no records about supporting them with personal care or oral hygiene.
- One person had been supported to develop their walking and needed less support when moving however the registered manager had not updated their care plan to reflect this.
- The service was small, and staff were able to demonstrate that they knew the people they supported well. Therefore, there had not been a negative impact on people as a result of the shortfalls in people's care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and their families told us their communication needs were being met.
- The registered manager explained that when one person complained that they could not hear what a carer was saying this was immediately addressed and the person had no further problem with their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff supported them to access activities when required but at the time of the inspection people were being supported to activities by their families or friends.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. The only complaint that had been received had been addressed promptly.
- People and their relatives told us they knew how to make a complaint and were happy to contact the registered manager about any issues.

End of life care and support

- End of life care was provided to people who wished to stay in their homes at the end of their life, the

registered manager told us they worked closely with other professionals to ensure they delivered appropriate care.

- One family member told us having support from staff had made a big difference to their relative as it had enabled them to stay at home.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager did not always understand regulatory requirements and had failed to notify the CQC of an incident that affected someone's health.
- The registered manager spent a lot of their working day supporting people which did not give them the time needed to fulfil their management responsibilities. This led to them not being able to complete audits and competency checks on staff.
- The registered manager had not ensured that care plans were up to date and included all of the information staff required to understand each person's needs. This left people at risk of receiving poor care.
- The registered manager had not ensured that medications were managed safely. This put people at risk.
- There were no risk assessments in place to support staff to be safe when working, for example lone working risk assessments or manual handling risk assessments .

Failure to have effective governance systems in place put people at risk and was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

- Staff understood their roles and responsibilities and could clearly explain this to us.

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

- People were being supported by staff who wanted to provide person-centred support.
- People and their relatives told us they were happy with the support they received. Saying "they have been brilliant" "they are very good and caring" and "he is being very well cared for".
- The staff told us they found the registered manager to be approachable and supportive and that she responded to them when they raised issues.

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

- The registered manager was aware of their need to be open and transparent when things go wrong.
- People told us the registered manager engaged with them, acknowledged issues and sought to resolve them.

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

## characteristics

- The registered manager was available as an out of hours contact for any concerns. Staff told us that they felt reassured and supported knowing that the registered manager was available.
- We saw feedback had been sought from people using the service and their relatives by using a questionnaire, asking questions about satisfaction levels in regard to time keeping, skills of staff and peoples involvement int heir support. The registered manager told us that they had reviewed the questionnaire to ensure they were delivering an appropriate service.

## Continuous learning and improving care; Working in partnership with others

- The registered manager had ensured that all staff attended training before working with people. They had provided person specific training when needed.
- The registered manager told us they had planned and booked refresher training for staff.
- Staff worked with other professionals to ensure that they met the needs of people. They regularly spoke to social workers, local GPs and other services.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to make sure medicines were managed safely. The provider failed to evidence they had mitigated people's risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure good governance
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to ensure that staff were recruited safely.