

Roseleigh Daycare Limited

Roseleigh Day Care

Inspection report

67 Clarendon Road
Hinckley
LE10 0PJ

Date of inspection visit:
15 January 2020
16 January 2020

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19 February 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Roseleigh Daycare Limited is a domiciliary care agency providing personal care to people living in their own homes. 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. At the time of our inspection two people were receiving personal care.

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

Relatives were satisfied with the service provided. A relative said, "I would recommend Roseleigh because the staff are very caring people. They don't see what they do as a job or a task, they genuinely care for people as individuals."

People were safe and trusted the staff. They had personalised risk assessments and care plans telling staff how to keep them from harm and meet their needs.

Staff were well-trained and experienced. They ensured people's needs were met in the way they wanted. A relative said, "We like everything about the staff, they are lovely and kind, we can't fault them."

Staff knew people's likes, dislikes and preferences and encouraged people to maintain their independence and make choices about all aspects of their care.

Staff liaised with relatives and healthcare professionals, where necessary, to ensure people remained well. They supported people with their nutrition to help ensure they had a healthy diet.

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.

The service had an open and friendly atmosphere. The staff listened to people and relatives and made improvements as necessary. Audits were carried out to ensure the service was running well and providing good quality care and support

Rating at last inspection:

This service was registered with us on 24 January 2019 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our

inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Roseleigh Day Care

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

This inspection was completed by one inspector.

Service and service type

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

The service had two managers 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.

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 managers would be in the office to support the inspection.

Inspection activity started on 15 January 2020 when we visited the office and ended on 16 January 2020 when we made phone calls to relatives.

What we did before the inspection

We reviewed information we had received about the service since it registered with us in January 2019. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three relatives and the two registered managers, who also provide care on behalf of the service. We reviewed a range of records including two people's care records, staff training records, and records relating to the management of the service.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. A relative said, "[Person] totally trusts the staff." Another relative told us, "[Person] hit it off with the staff straight away and always feels safe with them."
- Staff were trained in safeguarding and knowledgeable about how to keep people from harm. They knew how to identify signs of abuse, who to notify if they thought abuse had occurred, and what records to keep.

Assessing risk, safety monitoring and management

- People had risk assessments for key aspects of their lives including their environment, moving and handling, and tissue viability.
- Staff understood the risks present in people's lives and acted to minimise these. For example, one person had a ramp installed after staff advised this would reduce the risk of them falling.
- When assisting people with personal care staff knew how to keep people safe, for example by checking water temperatures and supporting them to mobilise.

Staffing and recruitment

- Relatives said staff were reliable and on time. A relative told us, "Staff are punctual and stay for the right amount of time."
- The staff team consisted of the two registered managers who were also experienced care workers. No other staff were employed at the time of our inspection.
- Robust staff recruitment and monitoring systems were in place to ensure any care workers employed in the future would be able to provide safe, effective care.

Using medicines safely

- The staff were trained and experienced in the safe handling of medicines. They had policies and procedures in place to ensure medicines were stored safely with appropriate records kept.
- At the time of our inspection none of the people using the service needed assistance with their medicines.

Preventing and controlling infection

- Staff were trained in infection control and had the equipment they needed, for example gloves and aprons, to reduce the risk of infection.
- Staff understood the importance of effective handwashing and carried hand sanitising alcohol at all times while working.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents, but these had not been used as there had been no accidents or incidents since the service was registered,
- Staff knew what to do if accidents or incidents occurred and who to report them to. They also understood the importance of reviewing accidents and incidents to identify any lessons that could be learnt from them.

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

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

- People were assessed prior to using the service to ensure staff could meet their needs.
- Assessments were positive focusing on what people could do for themselves, for example, 'I [person] can get up and dressed myself.'
- Assessments identified people's needs relating to disability and religion, but did not cover other protected characteristics, for example race and sexual orientation. During our inspection the registered managers updated the assessment form to include all the protected characteristics.

Staff support: induction, training, skills and experience

- Staff were well-trained, experienced, and knowledgeable about how to provide high-quality care and support.
- If the service took on any additional care workers, there was an induction and training programme in place to ensure they would be able to provide effective care and support.

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

- Staff understood people's nutritional needs and how to support them to eat and drink healthily.
- Staff kept appropriate records when they supported a person with a meal to show what the person had eaten and drunk.

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

- Relatives said staff ensured people's healthcare needs were met. A relative said, "If [person] was unwell the staff would contact me, but if I wasn't available they would call the GP. They know what to do."
- People's healthcare needs were documented in their care plans so staff were aware of these.
- Staff understood the need to work in partnership with people's families and healthcare professionals to ensure people's health care needs were met.
- Staff knew how people expressed pain and discomfort. For example, one person used body language to show they were unwell and staff understood this and took appropriate action in response.

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. At the time of our inspection none of the people using the service were subject to any restrictions.

- Staff ensured they had people's consent before they provided them with any care and encouraged people to make decisions about how they wanted to be supported.

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

- Relatives said the staff were caring and kind and went out of their way for people. A relative told us, "[Staff member] doesn't just do the tasks, they stay on at the end and have a cup of tea with [person] who really appreciates this."
- Relatives said it was important to their family members to have regular staff and the service was able to provide this.
- Staff knew the people they supported well, took an interest in them, and spoke about them in a positive and caring manner.
- If people had any cultural requirements, for example following a particular religion, staff put care plans in place to ensure they had the support they needed.

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

- Care plans were signed by the person and/or their relative and regularly reviewed. A relative told us, "[Person] has seen their own care plan and agreed and signed it."
- Records showed staff worked in partnership with people and relatives to provide care and support in the way people wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards the people they supported. A relative told us, "They [staff] have a very tactful way of doing things that ensures [person] maintains their dignity and independence."
- Staff understood the importance of confidentiality. Records were kept securely in accordance with the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated as 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 had personalised care plans setting out their care and support needs. They included clear instructions to staff on how to support people in the way they wanted, following their preferred routines.
- Each person had a 'service user profile' which included information about their life history, family, beliefs and social interests to assist staff in getting to know them.
- A relative said, "[Person] doesn't want to lose their independence and staff know that and ensure [person] does what they can for themselves." Records showed people becoming more independent while using the service.

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.

- Care plans addressed people communication needs so staff understood where people might need support to communicate and their preferred ways of doing this.
- Staff had used PECS (a Picture Exchange Communication System), sign language, and other systems to communicate with people. They understood how some people expressed themselves using body language and/or verbal sounds and how important it was to understand and respond to this type of communication.

Improving care quality in response to complaints or concerns

- Relatives said if they had a complaint about any aspect of the service they would speak to the staff. A relative told us, "They [staff] are very approachable."
- The service had a complaints policy and procedure and staff understood the importance of recording and responding to complaints accurately and promptly. .

End of life care and support

- No end of life care was being provided at the time of our inspection. However, the staff were experienced in providing this type of care. They knew how to work in partnership with healthcare professionals to ensure people had the care and support they needed at the end of their lives.

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 was the first inspection for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives said the service had an open and friendly culture and the staff were approachable and helpful. A relative said, "They [staff] tell us everything and include us in everything, we are very involved in [person's] care."
- People achieved good outcomes with the service. Their well-being increased and staff encouraged them to become more independent and to make choices about all aspects of their care and support.
- Relatives were satisfied with the service and said they would recommend it to others. A relative told us, "It's very well managed and well-organised, and the staff never let us down."

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

- Staff understood their legal obligations including the conditions of their registration. Systems were in place for notifying the Care Quality Commission and other agencies of serious incidents involving people using the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff worked as a team and used their skills to complete administrative and care tasks effectively. A staff member said, "We listen to each other and use our different strengths to ensure people always receive a good service."
- Audits were carried out to ensure the service continued to provide good quality care and support to people. These included an annual comprehensive audit, a six-monthly staff and care records audit, and three-monthly 'spot checks' on staff while they were providing care.
- A staff member said, "We welcome the spot checks. It's good to have a fresh pair of eyes on what we do and we are always open to improving the way we work."

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

- The staff were in regular contact with the people and relatives and asked for feedback as a matter of course.
- The service sent out six-monthly quality assurance surveys to people and relatives. When we inspected one of these had been returned with good results in all areas. The respondent stated, "The care is second to

none."

Continuous learning and improving care

- The staff were committed to improving care for people. They welcomed feedback and were open to the inspection process. A staff member said, "We are always open to change and improvement."
- The service had registered with the Information Commissioner's Office (ICO) to enable them to keep personal information about people and staff. The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

Working in partnership with others

- Staff worked in partnership with social workers, where applicable, and invited them to review meetings at the service.
- The service had a contract with the local authority and provided information on request to commissioners and other stakeholders.