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The Old Roselyon Domicillary Care Agency

Inspection report

The Old Roselyon Manor
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the agency supported 42 people with personal care needs.

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

At the inspection of the service in November 2020 we found breaches relating to the operation of the service. At this inspection we found the service had made improvement in all areas and were no longer in breach of regulations.

At the previous inspection we found the process in place for recruiting staff was not robust. At this inspection recruitment had been reviewed and all staff had the necessary checks in place to ensure they were safe to work in the health and social care sector.

At the previous inspection we found the process for managing risk was not effective. The safe management of medicines had not been assured. At this inspection we found, people's risks had been recorded and reviewed on a regular basis. Any changes were recorded and shared with staff. Medicine systems had been reviewed and the current system ensured medicines were managed safely.

At the previous inspection we found systems to ensure consent had been sought for care and treatment were not in place. At this inspection we found actions had been taken to seek and report on consent.

At the previous inspection we found staff training and supervision was not always taking place. Some staff had not received the necessary training and updates to support them in their role. At this inspection we found action had been taken by the manager to improve this. Staff training and supervision was being monitored to ensure all staff were supported in their roles.

At the previous inspection we found there had been a lack of oversight to effectively monitor and improve the service provided. At this inspection we found the manager had taken steps to review all areas of governance and oversight to ensure systems were being monitored.

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.

People supported by the agency told us staff who visited them were polite, reliable and professional in their approach to their work. They said, "Can't do without them" and "Can't fault any on the staff".

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns. One person said, "I have

raised an issue before, but it all got sorted out".

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection and update

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key questions safe, effective and well led which contain those requirements.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

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?

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

The Old Roselyon Domicillary Care Agency

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 one inspector

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service one hour's 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 in the office to support the inspection.

Inspection activity started on 07/09/2022 and ended on 09/09/2022. We visited the location's office on 07/09.2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service.

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 all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. In addition, we received feedback from four members of staff, and the manager. We received feedback from four professionals. We looked at a range of records. This included two people's care records, two recruitment files, training records, medication records and audits 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the previous inspection we found systems to mitigate risks were not effective. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection we found some people did not have the level of risk assessment in place to mitigate risk. At this inspection we found action had been taken to improve this. Care plans showed people's risks had been identified and reviewed regularly. Where changes were required this was reported on. Staff told us they had the level of information they needed to support people. For example, one person now required equipment to support them. This had been identified, professionals involved, and staff had the necessary skills to use the equipment safely.
- Staff understood people's individual risks and what actions were needed to reduce or manage risks. A person using the service told us, "They [manager] makes sure I get the same carers more or less all the time. It means there is continuity and it works well".
- The service had introduced electronic rotas which staff told us were easier to use. The manager and administrator were able to identify any gaps and respond quickly with staff support. Records showed the manager audited any missed calls and reasons why they might have occurred. The monthly audits showed very few missed calls. Where they had occurred, they were investigated, and information shared with the clients, families and staff.
- The service had environmental risk in place to support staff in providing care and support in safe environments. A staff member told us, "I feel we are supported, and any risks are identified and shared with us".

Using medicines safely

At the previous inspection we found systems to manage medicines safely were not sufficient. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous inspection we found some staff had not had adequate training to support them in administering medicines safely. Since the last inspection the service had taken action to ensure all new staff had the necessary training and were supported by more senior staff until assessed as being competent.

- At the previous inspection people were prompted to take medicines, however there was no system to record medicines prescribed for people, to support staff in understanding what medicines people were taking. At this inspection we found the service had introduced medicine administrations records [MARS]. We observed they recorded prescribed medicines for people. A staff member told us it helped them understand the medicines they were prompting, and it could be used for staff to see if medicines had been declined.
- Relatives and people who used the service were confident the service was safely supporting people with their medicines. One relative told us, "They [staff] help support [person's name] with medicines. I do feel it's safe".

Staffing and recruitment

At the previous inspection we found a safe recruitment process had not always been followed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection we found two new staff had commenced working alone for a few weeks, with vulnerable people in their own homes, without references having been received. At this inspection we found the provider had ensured all new staff had the necessary satisfactory references in place and ensured all new staff worked with more senior staff until assessed as competent in their roles before working alone.
- The service had enough staff to meet people's care needs. Visit schedules included appropriate travel time between consecutive visits and staff told us visits were long enough to enable them to care for people. Staff told us, "We get travel time between visits" and "There is no need to rush, definitely not."
- People and their relatives told us staff normally arrived on time and that care visits were not rushed. Their comments included, "I am happy with the support I receive. I have had a few missed calls in the past, but it hasn't happened for a long time", and "If they [staff] are going to be late we get a call from the manager. It doesn't happen often".
- The provider only took on packages of care which they assessed as being viable for the staff team, skills and geography. This ensured people received the care and support they needed at a time they needed it.

Systems and processes to safeguard people from the risk of abuse

At the previous inspection we found not all staff had received training and updates in recognising and responding to safeguarding issues. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found staff had received training and updates in how to protect people.
- Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were protected.
- People told us they received safe care and had no concerns about their safety.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff always wore their personal protective equipment (PPE) and regularly washed their hands during care visits. Comments received included, "They all wear masks, aprons and gloves. They always use gel. They have it on them" and "They come in a uniform and always look clean and tidy".

- The service had good supplies of PPE and appropriate systems were in place to enable staff to collect additional equipment whenever needed.
- Staff had received additional infection control training during the pandemic and the provider's policies had been regularly updated to ensure they accurately reflected current guidance.

Learning lessons when things go wrong

- There were procedures in place to ensure any accidents or incidents that occurred were recorded, investigated, and analysed to help reduce the risk of similar events recurring. Where areas of learning or possible improvement were identified this information was shared promptly with the staff team.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the previous inspection we found not all staff had received effective and consistent training. Some staff had gaps in updating their training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found the service had created a revised training matrix. This was designed to pick up any gaps for current staff, as well as recording the range of training for new staff.
- At the previous inspection we found new staff had not always received adequate induction training to support them in their role. At this inspection we found the service ensured there was a formal induction training programme where staff had access to induction training covering care standards which supported them in their role. 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.
- The manager and deputy manager completed unannounced spot checks to monitor staff performance and identify any areas of additional training or support needed. Staff told us, "I do believe the training we receive is enough, we have current online training regularly updated. Also, now we are able to meet I have been able to participate in training in person" and "I have had training. I have life skills to enable me to support others. Help and guidance is available from the managers".

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.

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.

At the previous inspection we found the provider had not ensured that care and treatment of service users had not been consented by the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At the previous inspection some staff had not received training or updates on how to protect people who may lack capacity. At this inspection action had been taken to ensure all staff received this training and ongoing support. This was confirmed taking with staff during the inspection.

At the previous inspection we found the provider had not ensured that care and treatment of service users had not been consented by the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At the previous inspection we found capacity assessments were not always completed to assess if people were able to make specific decisions independently. Some consents had been signed, on behalf of the person, by the care co-ordinator who did not have the legal power to do so. At this inspection we found the manager had made changes to ensure only people with capacity or with legal responsibility signed consent for care and treatment.
- Staff supported people to have as much choice and control of their lives as possible and respected people's decisions.

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

- People received support from a consistent team of staff, who were aware of the support they needed. A relative said, "It is a small team and its good because we get to know everyone, and they know us".
- Information gathered during the process of assessment and helped to form a care plan with involvement from family, health and social care professionals to ensure an efficient service was delivered.
- People's rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported and encouraged to eat well and drink regularly. Staff prepared meals in accordance with people's preferences and ensured drinks were available to people and left within reach. Comments received from people and relatives included, "They [staff] provide breakfast and lunch. They know what I like and don't like. It works well".
- People's needs for nutrition and fluids had been considered. Records documented peoples likes and dislikes and identified any associated risks with eating and drinking.
- Care plans detailed where people may need support to monitor their health needs.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This

included support required in relation to their culture, religion, lifestyle choices and diet preferences.

Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's health needs and recognised when people were unwell. Appropriate healthcare professionals were contacted on their behalf, if required.
- The provider had effective systems in place to enable information sharing with local GP practices.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the previous inspection we found systems to oversee the governance of the agency were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection we found the monitoring and governance systems were not always efficient. There was no formal auditing of the service provided. Some calls to support people had been missed. At this inspection we found the provider had taken action to ensure governance systems were reviewed and improvements made. There was a system in place to monitor any missed calls, reasons why and actions taken. There was a system in place to ensure audits were used to identify effectiveness of the operation of the service.
- The provider and manager completed spot checks to monitor the quality of support people received. These processes also provided opportunities for people to meet senior staff and provide feedback on the service performance directly.
- People and their relatives were complementary of the service's staff and managers. They told us, "More than happy with all aspects of the service", and "They [managers] keep a regular check on things to make sure we are happy with the service".

Continuous learning and improving care

At the previous inspection the provider had failed to effectively assess, monitor and improve the quality of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the inspection of November 2019, we raised concerns about the rota system. We were told at that time that an electronic system was in the process of being sourced to improve the effective scheduling of visits. At

the previous inspection this had not taken place. At this inspection we found the electronic roster system was in place. Staff told us, "It's a much better system," "I like to know what I am doing every week and this system works really well".

- The provider and manager were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals. A professional told us, "They are always available to discuss any care changes and I have worked with the manager on a number of complex cases with successful focused outcomes" and "I was also particularly impressed that [registered manager] identified that the staff would benefit from some basic training to deepen their understanding of caring for a patient group. The registered manager made efforts to reach out to us for this".
- People's care plans were reviewed annually or when significant changes in their needs were identified by staff. These reviews included visits by managers to the person's home and provided additional opportunities for feedback to be provided or areas of improvement identified.

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

- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the registered manager or other senior support staff when needed. A relative told us, "We never have trouble getting in touch with the managers. They are always on the end of the line and very helpful".
- Staff told us they felt supported and valued by the service. One staff said, "It is a lovely small agency and we are well supported."

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 understood their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred with their family member.
- People told us the service communicated information effectively and that it was easy to contact the manager if necessary.

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

- Systems and processes were developed to ensure people and relatives were fully engaged. For example, people were encouraged to be involved in the development of the service and feedback was sought from people who used the agency. This was confirmed from people we spoke with. One person told us, "Yes, we have the opportunity to share our views".
- The registered manager/owner encouraged people to contact them directly to discuss any concerns in confidence.

Working in partnership with others

- The registered manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery. A professional told us, "I find the care agency will go above and beyond within their care approach and whenever I ask for changes to care plans and packages, they will immediately support as soon as staffing allows.."
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.