

Elizabeth's Rose Home Care Limited

Elizabeths Rose Home Care

Inspection report

Knightrider House
Knightrider Street
Maidstone
ME15 6LU

Tel: 01622296224

Website: www.elizabethsrose.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elizabeth's Rose Home Care is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our inspection the service was supporting 14 people with this. 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

We found there were not established and effective systems in place to ensure people's needs and choices were consistently and fully assessed prior to providing care. Some people's care plans did not include assessments of risks relating to their clinical conditions. Skills of some staff did not always match the needs of people using the service.

People told us the company value people and their families. The staff are described as "Really good, can't fault them." Relatives told us the staff sit and chat with their family member agreeing what they would do next time they attend. Staff spent the allotted time with people, offering to do extra things for people if they had completed the tasks. Relatives told us, "I know they are going to come, and they always come.... They have been really good. I can go away now without worrying."

We found the management and staff were committed to providing good care. Staff told us "It is amazing (working for the company) it is different from other care companies, they genuinely care." The staff told us they enjoyed their work and "To know you made a difference is so rewarding." They felt valued and appreciated by the management, people and their families. They received regular updates on changes to care plans, policies and procedures and any feedback received. Staff said their colleagues were helpful and "Lovely, no one more than another."

We found 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. Relatives told us their family member "Is definitely getting better since they (the staff) have been coming around. They are more confident and chattier." A relative told us "They (their family member) cooks' cake, cottage pie. They would never manage that on their own."

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

This service was registered with us on 22 April 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 have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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?

The service was not always safe.

Requires Improvement 

Is the service effective?

The service was not always effective.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

The service was responsive.

Good 

Is the service well-led?

The service was not always well led.

Requires Improvement 

Elizabeths Rose Home 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

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 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 in the office to support the inspection.

Inspection activity started on 23 November 2022 and ended on 7 December 2022. We visited the location's office on 23 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. However, we were able to review information we had received about the service. We used this information to plan our inspection.

During the inspection

We spoke to one person who uses the service. We spoke to eight relatives of people and five staff members in addition to the registered manager and company directors.

We looked at a range of documents, including; four peoples care plans, additional care planning documents for persons with specific dietary needs or support, medicine records, staff recruitment files and training records. We reviewed staff meeting minutes and governance documents.

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.

Assessing risk, safety monitoring and management

- There were not effective systems in place to always ensure the timely and appropriate identification and management of people's individual needs. We checked people's care plans and found some risks relating to people's clinical conditions had not been assessed. Following our inspection, the registered manager spoke with the person and appropriate specialist services to understand the person's needs and how they may best support them to manage their care. They prepared a health plan with the person explaining their needs, risks and what they wished staff to do in the event of a medical emergency such as a hypoglycaemic attack.
- We reviewed care plans for people with specific mobility needs. We found some risk assessments had not been conducted to ensure mobility aids were used safely. Staff told us they had been appropriately trained by a specialist company and observed by their supervisors to use the equipment safely. People we spoke to told us staff were competent in supporting them using equipment. The provider reviewed and amended their assessments following the inspection.
- Environmental risks to staff had been fully considered. For example, the risks to people who use oxygen had been assessed.

Staffing and recruitment

- Skills staff did not always match the needs of people using the service. The registered manager had not ensured all staff had appropriate skills and knowledge to support people with specific needs such as those requiring stoma care.
- The number of staff matched the needs of people using the service. The registered manager ensured staffing levels were maintained. They told us all administrative and operational staff employed by Elizabeth Rose Home Care were also trained in providing care and could be diverted from duties to ensure people were appropriately supported.
- Safe recruitment processes were followed for staff. People were assured staff did not present a risk to them as their identification, references and Disclosure and Barring Service (DBS) checks had been conducted. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff did not have access to information about the specific medicines for some people, including potential side effects. Some people's care plans did not include how to identify changes in a person's presentation and what actions staff should take. Staff told us they were alert to changes in people's presentation and would check on their wellbeing and escalate concerns if appropriate. We raised this with the registered manager who put a plan in place the following day for the person and appraised staff of the

changes to the persons care plan.

- Medicines were managed safely and effectively. The administering of medicines had been recorded appropriately. We checked the medicine administration record for people and found they were accurate. Relatives told us staff had informed them of potential risks from conflicting medicines being prescribed, "They (the staff) flagged they (the person) couldn't have one medicine with another." Their concerns were confirmed, and the persons medication was changed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. Staff had received training and were aware of different types of potential abuse. They knew how to recognise and report concerns. All staff were required to complete safeguarding training as part of their induction. Staff told us, "I would raise concerns with the manager or boss, who is on call that day." Relatives told us they had confidence in staff and believed they would address any matters brought to their attention as a priority.
- People and those who matter to them had safeguarding information in a form they could use. Staff told us they enjoyed working at the service and would raise matters with their peers or management. Staff could also report concerns to their Speak Up Champion or to a person outside the organisation. Staff told us they were confident they would be supported if they shared concerns and were not fearful of reprisals.
- Staff worked well with other agencies to identify and manage risks. The registered manager alerted external parties to wider safeguarding concerns and worked with them during investigations. Staff told us they were updated on the outcome of investigations.

Preventing and controlling infection

- There were appropriate infection prevention control measures in place. Staff had access to appropriate personal protective equipment and were required to wear it when undertaking their duties. Whilst this is no longer a requirement in legislation, the registered manager had also ensured staff had received appropriate vaccinations to mitigate the risk of infection to people and staff. Relatives told us staff were clean and tidy and staff, "Always wore personal protective clothing and their masks."

Learning lessons when things go wrong

- When things went wrong, the registered manager and staff apologised and gave people honest information and suitable support. The Directors and registered manager were available for staff, family and friends to speak to directly. Relatives told us they could always speak to the registered manager who was supportive and receptive to feedback making appropriate changes where necessary.
- We spoke to staff who confirmed team meetings had been held following our inspection. Areas for improvement had been shared with staff and care plans amended to reflect changes to policies and practices.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager had not consistently assessed people's needs and choices prior to providing care. For example, staff had supported a person prior to their preadmission information being formally assessed. The registered manager told us this was unusual and had been conducted because of the person being discharged late from the previous care provider. The preadmissions assessment had been conducted the following day.
- People had care and support plans that were personalised, holistic, strengths based and reflected their physical and mental health needs. People met with the registered manager monthly to discuss their care and their future.
- Staff ensured people had up-to-date care and support assessments. Staff told us, "Everything is in the care plan. If we notice people have needs not recorded, we let the office know." People told us staff knew what their individual care needs were and how they wanted to be supported.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 found staff understood the principles of the MCA. We found staff were supportive of people's right to choose, including their right to make decisions and supported them to do so. Relatives told us staff had asked them if people required support and checked their status to act on their behalf. We found no person had been deprived of their liberty. We provided links to relevant information to assist the provider.

Staff support: induction, training, skills and experience

- Staff received training and support. Staff received an induction including work shadowing opportunities prior to working independently. Staff told us, "I shadowed two shifts, I also went with the manager to be introduced to the people," before providing their care.

- The service had clear procedures for team working and peer support that promoted good quality care and support. Staff told us colleagues were available to support on visits if they were unsure of anything.
- People received care from experienced staff. Relatives told us they were impressed by the professionalism and knowledge of staff employed, "They (the staff) are trained to a high standard." They explained how staff took time and care to check on the integrity of their relatives' skin, conscientiously monitoring their condition, applying treatments and seeking advice where appropriate.
- Staff had opportunities to undertake additional training and qualifications. Most staff had achieved 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.

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

- People were involved in choosing their food and planning their meals. Staff knew individual people's preferences and dietary requirements such as people requiring a low sugar diet.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. A relative told us, "They (their family member) cooks' cake, cottage pie. They would never manage that on their own." We reviewed daily notes on people's care and saw they were offered food and drink during their visits.

Staff working with other agencies to provide consistent, effective, timely care

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff worked with people and their families to ensure their clinical needs were being monitored and ongoing care needs met. For example, supporting people with monitoring their blood sugar levels.

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. 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

- Staff were committed and passionate about caring for people. Staff told us, "I love my job. I like helping people. This is the best job I have had, they (the management) genuinely care about the people."
- People were supported by reliable staff who were polite and respectful. People told us, "They (the staff) are nice and respectful...always clean, tidy and chirpy".
- Peoples individual needs are considered and supported. Staff told us all peoples routines are different. They always check if the person has everything they need, if they are comfortable or have any pain. A relative told us, "They (the staff) go beyond what we wanted...they (the person) are certainly better since they (the staff) have been coming. They are more confident and chattier." Relatives told us, "If they (the staff) have spare time they always ask if there is anything particular needs doing," that they could help with.

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

- People were encouraged and supported to be involved in decisions relating to their care. People told us, "They (the staff) help me choose my clothes," others told us, "They (the staff) ask them what they would like for breakfast, I like that they give them (the person) choices. I like their mannerisms. They are always respectful."
- People were given time to listen, process information and respond to staff and other professionals. They said staff, "Always consider their (the persons) needs and give them time to respond, they are not rushed. The staff talk to them, that is so important."

Respecting and promoting people's privacy, dignity and independence

- Care was planned and delivered to ensure people had privacy, dignity Relatives told us, "They (the staff) always knock on their door before they come in." People told us, "They (the staff) give me essential independence. I am in charge of my life as far as is possible."
- Care is provided in a manner that supports and promotes people's independence. Staff respected and supported people to continue to wash themselves, where possible. Relatives told us, "They (the staff) encourage them to use their walking frame."

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

- Staff worked with people and their families to ensure they meet their needs. Staff told us, "Our boss and manager always keep us up to date, you cannot fault them on communication... They message us if there are changes to the care plan so we can see them on the app." Relatives told us, "They (the staff) are very reliable even with minor changes or problems, we are always kept in the loop... Things are sorted."
- People had access to care and support at a time convenient with them. Relatives told us Elizabeth Rose Home Care offer a, "Hugh amount of flexibility, they bend over backwards to accommodate our needs." People told us, "They (the staff) have been accommodating with the times of the calls." Relatives told us, "I know when they are going to come, and they always come." Where staff may be delayed in attending a call people were told in advance.
- Peoples care needs are regularly reviewed. Relatives told us, "They (the registered manager) did a review (of their care needs) with them. We were happy with everything. The supervisor was really good when I raised questions... They sat down and took their time." They confirmed the staff always got back to them, "We have had a couple of follow up visits to check how things are going and tweak the care plan."

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.

- Staff were aware of people's communication needs. Care plans were flagged to alert staff of individual needs and preferences. For example, visual aids on peoples care plans alerted staff if a person had poor sight or limited hearing. Staff told us they used face visors as opposed to infection control masks to enable people to see their faces and assist people who lip read.

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's family and friends were supported to be involved in the planning of their care. Staff told us, "We try and speak to people and their families monthly just to check everything is ok and answer any questions." Relatives told us at their initial meeting with the staff they were told, "We (the company) value our clients and their families and they do, they have been really good with me."
- Staff support people to be involved in the persons care. Relatives told us they can review peoples care

remotely via an app. They told us they felt assurance from this, as they could review the carers notes for that day and previously and check medicines have been given appropriately. A relative said, they logged into the system remotely and reviewed the persons care entries daily. They told us, "If they (their relative) is having a bad day I can check in with them and get them on the telephone."

- Relatives were updated on peoples care where appropriate. Relatives told us, "They (the staff) come and knock (at their front door), or text and let us know about things. They keep us up to date. They (the person) are safe and cared for."

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and acted on. The registered manager told us, "We discuss any concerns as a management team and ensure we respond with options for people." Relatives told us, "The staff do everything they should do, the office is helpful and are very reliable, even if there are minor issues, they keep us in the loop."

- Staff were accessible and responsive to concerns. Relatives told us, "They (the staff) even answer their phone out of hours...They are really good. I can't fault them."

End of life care and support

- People receiving end of life care were supported. Staff knew how people wanted to be supported and did so according to their care plan and wishes on the day of their visit. The registered manager said they had seen people's quality of life improve since receiving care, they were more engaged and able to participate in more activities. Relatives told us, staff knew peoples wishes and supported them to continue living 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

- There were not established and effective systems in place to ensure the consistent and appropriate identification, assessment and management of clinical and mobility risks. Whilst also ensuring staff had the right skills and experiences to provide safe care. These have been discussed within the safe domain of this report.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. We reviewed care plans and saw they had been amended as the persons needs and wishes changed.
- Staff were able to explain their role in respect of supporting individual people without having to refer to documentation. Staff told us, "I read the care plans, so I know new people."
- Staff delivered good quality support consistently. Staff told us, "We know, what is what, and where things are... We have time with our clients (people) in their own home." They also told us "we are supported 24/7."

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

- Management and staff put people's needs and wishes at the heart of everything they did. Relatives told us the staff set a high standard of care sitting down with people and their families to understand their needs. They told us staff had maintained this high standard of care. We reviewed minutes of staff meetings, these showed the registered manager had shared feedback from people and outlined their expectations. Staff told us, they appreciated the feedback received from people and their families that was overwhelmingly positive and shared regularly with them.
- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality and enabled them to develop and flourish. Staff told us, "I am 100% happy to speak up. I always express my views, they (the management team) listen, assess the situation and see what they can do about it... They update us if anything gets changed." Staff said, "They (the management) are always there when I need them, no matter what time I'm on shift."
- Management and staff put people's needs and wishes at the heart of everything they did. Staff told us, "They (the management) care, in this type of job you have to be caring... ensure dignity and respect but also time, it is so important to give people your time."
- Managers worked directly with people and led by example. People told us they felt reassured that, "A supervisor attends if there is a change in staffing." Staff told us they felt appreciated by the management team as every week they are thanked for their hard work.

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 gave honest information and suitable support, and applied duty of candour where appropriate. Relatives told us they had confidence in the registered manager and staff. They told us they felt able and supported to ask questions and share concerns. They told us the registered manager always answered their concerns in a timely and professional manner.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. Staff told us, "We love hearing the feedback we receive from families."
- The provider sought feedback from people and those important to them, both formally via monthly review meetings and informally by talking with them daily and checking everything was ok. For example, following feedback received by relatives the provider made changes to their App, enabling people to access their care plans remotely.
- Staff were encouraged to be involved in the development of the service. Staff told us they enjoyed and valued the opportunity to attend team meetings. Staff told us, "The management team consider all our views, you feel someone is listening and things are done." We saw improvements had been made to the staff pay and conditions in response to feedback.

Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service and a desire for people to achieve the best outcomes possible. Staff told us the management want to get it right and deliver high quality consistent care to people. People told us, "The staff are brilliant."
- Staff were encouraged and supported to share learning. The staff told us they looked forward to team meetings describing it as an opportunity to, "Exchange what we have learnt. There is a nice atmosphere. We all feel the same."
- The provider invested sufficiently in the service, embracing change and delivering improvements. Staff told us the provider had made changes in response to feedback. For example, ensuring all staff had remote access to policies and procedures so they could check information whilst attending a call.

Working in partnership with others

- The service worked well in partnership with people, families, specialised services (such as diabetic nursing team, physiotherapist) and Commissioners of care.
- Staff worked in partnership with people to understand their experiences and how best they may support them and improve their well-being and quality of life. Regular reviews were held with people to review the individuals care and support plans.